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INTRODUCTION

National defense intensifies the need to maintain full-time local health services in the United States. Such services are basically important in maintaining a healthy population to meet the demands of defense mobilization.

These things are clear, but at the same time it is clear that defense measures aggravate personnel shortages in the field of public health. The Korean War, with the mobilization of medical, nursing, and engineering personnel, seriously handicapped State and local governments in their efforts to expand and strengthen local health services during the year 1950. This annual report indicates however, that in spite of these inroads upon personnel it was possible to continue the operation of most local health units and to expand facilities and services slightly, although a marked gain in the number of organizations or areas covered was impossible to attain.

Generally, financial assistance over and above local tax resources is required for the establishment and operation of well-staffed local health departments. The financial assistance which States were able to give to local areas in 1950 increased over previous years, but the number of personnel available through State health departments for assignment to local areas did not increase. Appropriations for Federal grant-in-aid to States, a portion of which may be redistributed to local health units, were decreased by Congress to 88 percent of the amounts available in 1949.

This analysis is based upon the "Report of Public Health Personnel, Facilities, and Services" submitted as of December 31, 1950, by 1,193 full-time health organizations providing local health services.1/ Full-time local health organizations which receive State or Federal assistance in either cash or services are required to submit the report, and all other full-time units are encouraged to do so. Attention is called to the fact that, throughout this analysis, the terms "organization," "unit," "jurisdiction," and "department" are used synonymously.

The definition of a full-time local health unit was changed in 1950 to indicate not only the presence of a full-time health officer but also the provision of full-time services: "A full-time local health unit is one which is officially organized to provide medical, nursing, and sanitation public health services during all of the regularly scheduled work week of the governmental unit to which it is attached and which is under the full-time direction of a health officer or other designated administrative head." A full-time health officer was newly defined as "one who is officially designated to direct the activities of a health department and who is paid to so function during all of the regularly scheduled work week of the governmental unit to which the department is attached."

1/ Analyses published of 1946, 1947, and 1949 data.

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This analysis includes data helpful to health administrators in planning for the expansion of local activities. Personnel and selected facilities and services of local health jurisdictions are summarized in terms of the type of agency sponsoring the service. Information is included for all official health agencies providing service to local areas whether they are officially known as a department, unit, commission, or otherwise. Likewise, the analysis includes data on the public health facilities and services available on a free or part-pay basis through official agencies other than health and through voluntary agencies. Data for the latter two types of agencies are confined to those personnel, facilities, and services which are public health in character; their general medical care or social work programs are not included.

Not all data contained in this analysis are comparable to data published for previous years. The main reason for this is that it was possible to modify the information requested for 1950 from that requested for previous years to the extent that the format of the report was reduced from several pages to a single sheet to be completed on both sides. Condensation was accomplished largely through a decision to record data by health jurisdictions, rather than by individual governmental units within a jurisdiction, as had been the practice in the past. Thus, a facility or service available in one part of a health jurisdiction is considered to be available throughout that jurisdiction.

The current report has also eliminated all information on hospital services, since operating divisions of the Public Health Service no longer require such information, and it had been incompletely reported in the past. Data on personnel employed by voluntary agencies are no longer reported, except for nurses engaged in public health nursing, because the overlapping of public health, medical care, and social work services in such agencies precludes accurate reporting of their personnel engaged exclusively in public health activities.

In the current report form, no attempt is made to obtain information on all or even a cross section of activities of local health programs, since the report is not designed to serve as an inventory of all activities. Rather, the report is designed to collect information on items of particular interest to operating divisions of the Public Health Service. In this connection, it can be seen that many important but nevertheless generally accepted and performed activities are omitted. As the emphasis in local health programs changes, no doubt the report form will be revised to reflect new developments. Under such circumstances, comparison of data from year to year will be possible only insofar as certain items are retained on the report from year to year.

The current analysis of reported data is presented in five sections: (1) Extent of Coverage; (2) Full-Time Personnel in Local Areas; (3) Full-Time Personnel of Various Types Related to Minimum Staffing Requirements; (4) Availability of Clinical Facilities and Public Health Services; and (5) Community Sanitation Facilities and Services.

EXTENT OF COVERAGE

The best information available to the Public Health Service indicates that there are 1,293 full-time health organizations providing local health services in the United States. These units serve 1,542 counties and include 276 cities. The Report of Public Health Personnel, Facilities, and Services, completed as of December 31, 1950, was received from 1,193 full-time local health units located in 47 States and the District of Columbia. No reports were received from Vermont, since that State has no full-time local health organizations.

Reports are required from all full-time local health units receiving State or Federal aid. Aid is defined as financial assistance, personnel, equipment, or supplies, whether made available through State or Federal appropriations. Nonaided units are encouraged to submit reports if they meet the full-time definition, and many have done so.

It was found that several health departments qualifying as full-time organizations--mostly cities in Pennsylvania, New Jersey, and Massachusetts--failed to submit the 1950 report because of a misinterpretation of the definition of a full-time unit. Some of these units will submit reports for 1951 which will make the reporting coverage more complete. The failure of these units to submit reports for 1950 is the primary reason for a decline from the number of units reporting for the previous year.

An additional decrease in coverage, as compared to the previous year, was caused by a shift in State health district classification in Illinois and Minnesota from type "A" districts (which primarily render actual local services) to type "B" (which primarily render supervisory and advisory services). Other States which operated health districts rendering primarily supervisory and advisory services as of December 31, 1950, were New Jersey, Georgia, Missouri, Iowa, Ohio, Massachusetts, and Wisconsin. The total of all such units was 60, which covered 563 counties with a population of 16,922,139. This analysis does not include data from State health districts of this type, although reports were received from them. However, data for counties and cities geographically located within such districts but served by separate full-time local health departments are included.

Population Data

All population data are taken from the 1950 Census of Population, Preliminary Counts, Series PC-2, Nos. 1 to 49, inclusive. This series gives preliminary population counts for minor civil divisions of government. Final population counts for local areas were not yet available from the Bureau of the Census at the time tabulations were completed.

Areas Reporting Full-Time Local Health Service

The 1,193 local health jurisdictions which submitted reports as of December 31, 1950, served 1,540 counties having a population of nearly

106,000,000 people. These units served slightly more than 50 percent of all counties in the United States and nearly 71 percent of the total population of 149,855,592. They fall into four classes with respect to type of health organization:

1. Single county health units, which serve a single county and may or may not serve the city or cities therein, depending upon the existence of separate city health units.

2. City health departments, which serve a single city. In five instances such departments serve nine entire counties because of conterminous boundaries. These cities are New York (serving five counties), Philadelphia, Denver, New Orleans, and San Francisco.

3. Local health districts, which serve two or more counties or other types of local governmental units. In such districts contiguous counties or municipalities have combined their resources and formally organized a single operating health unit with control vested in local authority and directed by one health officer or administrative head.

4. State health districts, which render actual local services to counties or municipalities. In such districts control is vested in the State, but the unit acts as a substitute for a locally administered health unit. Such units are classified in this analysis as "State health districts (actual service)."

Reference to published data for 1949 reveals some change in number of each type of health unit reporting then as compared to the number reporting for 1950. There was a gain of five in the number of single county health units reporting in December 1950. This type of unit constituted 56 percent of the total units; served about 22 percent of the counties in the United States; and covered almost 44,000,000 people or 29 percent of the total population of the country (see table 1).

The 176 city health departments reporting as of December 1950 represented about 15 percent of all units submitting reports; served an infinitesimal percentage of counties; but covered nearly 28 percent of the total population. Substantially fewer city units reported for 1950 than for 1949. This decrease largely resulted from misinterpretation of the definition of a full-time health unit by the States of Pennsylvania, New Jersey, and Massachusetts.

There was an increase of 22 in the number of local health districts reporting for 1950. Such units constituted 25 percent of all units; served 724 counties, or approximately 24 percent of all counties; and covered 10 percent of the total population. Local health districts are developed in areas where the population of single counties is too small to permit economical organization of single county health units.

As mentioned previously, the decrease in the number of State health districts providing actual local service was the result of a shift in classification from type "A" to type "B" units in Illinois and Minnesota. A total

Table 1.--Extent of Coverage of the Country by Health Organizations of Designated Types Reporting Full-Time Local Health Service December 31, 1950

Type of area	Full-time health organizations		Counties		Population[1]	
	Number	Percent	Number	Percent	Number	Percent
All areas	—	—	3,070	100.0	149,855,592	100.0
Health departments reporting full-time local health service--	1,193	100.0	1,540	50.2	105,998,418	70.7
Single county	672	56.3	(672)	(21.9)	(43,842,703)	(29.2)
City health department	176	14.8	(9)[2]	(0.3)	(41,843,574)	(27.9)
Local health district	298	25.0	(724)	(23.6)	(14,942,541)	(10.0)
State health district (actual service)	47	3.9	(135)	(4.4)	(5,369,600)	(3.6)
No health department reported	-	-	1,530	49.8	43,857,174	29.3

1/ 1950 Census of Population, Preliminary Counts, Series PC-2, Nos. 1-49, inclusive.

2/ Includes 9 counties which are served by city health departments, the county and city being conterminous. The cities involved are: San Francisco, Denver, New Orleans, New York (5 counties), and Philadelphia.

of 47 State health districts (actual service) reported for 1950 as compared to 57 in 1949. These 47 units constituted about four percent of the total units, served slightly more than four percent of the counties, and slightly less than four percent of the total population.

It is generally agreed that a full-time local health unit should serve at least 35,000, and preferably 50,000 people, in order to use effectively a staff of professional and technical personnel necessary to render the generally accepted services. Units serving smaller populations cannot always fully utilize such personnel and are not generally economical to operate. Because local units of government in the United States do not often have populations of 35,000, even when the county is considered the basic governmental unit, it is obvious that the future development of local health organizations lies in the direction of the district type of unit.

Table 2 shows the distribution of each type of health unit according to population intervals. Thirty-seven percent of all reporting jurisdictions covered populations of less than 35,000. An additional 22 percent of the jurisdictions covered the 35,000 to 50,000 population group. In other words, more than half of all reporting jurisdictions had no more, and often less, than the desirable minimum population. This observation, in itself, indicates the need for developing local health units to serve larger population groups.

The significance of the problem becomes even more apparent when the various types of local health units are considered individually with respect to population coverage. Approximately 65 percent of all single county health units covered population groups of no more than 50,000, and almost this same proportion was indicated for local district health units. Thirty-nine percent of the city health departments had populations of less than 50,000.

From these data it is quite evident that in the development of local health departments the tendency has been toward the establishment of a health department by a single local governmental unit having a population base too small for the most economical and efficient operation. It is recognized that many difficulties are often encountered, some of which appear insurmountable, in obtaining the interest and cooperation of two or more units of local government in combining their resources and establishing a district type of organization having the same stability and staff integration of a department serving a single governmental unit. However, units of this type must be developed if full-time local health services are to be extended to those areas now without service.

Geographical considerations frequently present problems in the integrated approach to local health organization. The expanse of the area within the interested local governmental units may be a discouraging factor in the development of health districts sufficiently large to serve the desirable minimum population. It is obvious that the quantity and quality of health services are likely to decrease as the distance from unit headquarters to the periphery of its jurisdiction increases. Cities offer no problem in this respect, regardless of their size, since substations can readily be developed, and it is only logical that a single health department would serve an entire city.

Table 2.--Distribution of Full-Time Health Organizations, by Type of Organization, and by Designated Population Groups
December 31, 1950

Population group 1/	Total organizations		Single county		City health departments		Local health districts		State health districts (actual service)	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Totals	1,193	100.0	672	100.0	176	100.0	298	100.0	47	100.0
Under 35,000	442	37.0	297	44.2	44	25.0	96	32.2	5	10.6
35,000 - 50,000	262	22.0	141	21.0	24	13.6	91	30.5	6	12.8
50,000 - 100,000	289	24.2	139	20.7	41	23.3	98	32.9	11	23.4
100,000 - 250,000	144	12.1	76	11.3	33	18.7	13	4.4	22	46.8
250,000 - 500,000	33	2.8	13	1.9	17	9.7	-	-	3	6.4
500,000 or over	23	1.9	6	0.9	17	9.7	-	-	-	-

1/ 1950 Census of Population, Preliminary Counts, Series PC-2, Nos. 1-49, inclusive.

Table 3.--Distribution of Full-Time Health Organizations of Different Types According to Land Area
December 31, 1950

Area in square miles	Population represented[1]	Full-time health organizations of designated types					
		Total organizations		Single county	Local health district	State health district (actual service)	City health department[2]
		Number	Percent				
Totals	105,998,418	1,193	100.0	672	298	47	176
City health units[2]	41,843,574	176	14.8				176
Under 1,000	37,068,073	689	57.7	555	127	7	
1,000 - 2,499	16,981,298	220	18.4	81	128	11	
2,500 - 3,999	4,665,153	43	3.6	14	24	5	
4,000 - 5,499	1,821,213	20	1.7	9	7	4	
5,500 - 6,999	947,573	11	0.9	4	5	2	
7,000 - 8,499	642,472	6	0.5	3	1	2	
8,500 - 9,999	671,029	8	0.7	3	2	3	
10,000 or over	1,358,033	20	1.7	3	4	13	

1/ 1950 Census of Population, Preliminary Counts, Series PC-2, Nos. 1-49, inclusive.

2/ Cities not included in specific land area groupings since land area is of no significance.

In table 3 it is seen that more than 90 percent of the reporting units covered areas of less than 2,500 square miles; within this group there were 176 cities in which area has no particular significance. Therefore, slightly more than three-fourths of the total reporting units, other than cities, covered areas of less than 2,500 square miles. This is roughly equivalent to an area 50 miles in diameter, which with modern transportation presents few problems. More than half the population of reporting units resided in areas of this size or less. About seven percent of all units covered areas ranging from 2,500 up to 10,000 square miles. Slightly less than two percent served areas of 10,000 square miles or more; State health districts constituted the majority of the units in this land area grouping.

The extension of local health services to unorganized counties--many of which lie in the Rocky Mountain area, the Middle West, and the Southwest--would require that health jurisdictions cover vast areas if sizable populations are to be served.

The percentage of State populations covered as of December 1950 by some type of full-time health organization varied from none in Vermont, where there are no local health units, to 100 percent coverage in eight States and the District of Columbia. The States with complete coverage had a combined population of slightly more than 27,500,000 or about 18 percent of the total population in the country (see table 4).

Table 4.--Percent of Population in Each State Covered by Full-Time Health Organizations, Arranged in Percentage Groups, Showing Number of States and Total Population Represented in Each Group December 31, 1950

Percentage group	Number of States	Population 1/	
		Number	Percent
Totals	49	149,855,592	100.0
None	1	375,833	0.2
1 - 24	5	4,668,644	3.1
25 - 49	11	36,865,732	24.6
50 - 74	7	30,256,499	20.2
75 - 99	16	50,142,944	33.5
100	9	27,545,940	18.4

1/ 1950 Census of Population, Preliminary Counts, Series PC-2, Nos. 1-49, inclusive.

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Sixteen additional States had more than 75 percent of their populations covered by reporting local health units. These States together contained one-third of the population of the Nation.

On the other hand, there were six States with a combined population of little more than 5,000,000 that had less than 25 percent of their populations covered by full-time local health units.

In planning full coverage of the Nation with full-time local health units, priority should be given to expansion of existing units and promotion of new ones in the 18 States which contain about 45 percent of the total population of the country, and which have between 25 and 75 percent of their populations covered by local health units. In 11 of these States, less than half the population reside in areas with full-time local health service.

Table 5 shows, by State, the percentage of the population residing in areas reporting organized full-time local health services as well as the number of organizations. The table also shows the number of counties served in each State as compared to the total number of counties.

Areas in the country having some type of organization providing full-time local health services are shown in figure 1. It is readily apparent from this map that certain sections of the country have made little progress in organizing locally directed health services. Greatest need for expanding the coverage of full-time local health units lies in the Rocky Mountain area, the Middle West, and in some sections of New England and the Southwest.

Table 5.--Population of Reporting Areas in Each State Having Full-Time Local Health Service, Number of Health Organizations Represented, and Number of Counties Included

December 31, 1950

State	Total population	Areas reporting				Total counties in each State
		Population	Percent of total population	Number of health organizations	Number of counties included	
Totals	149,855,592[1]	105,998,418[1]	70.7	1,193	1,540[2]	3,070
Alabama	3,052,754	3,052,754	100.0	67	67	67
Arizona	745,259	605,345	81.2	8	7	14
Arkansas	1,901,631	1,730,979	91.0	27	65	75
California	10,490,070	10,135,165	96.6	52	41	58
Colorado	1,318,048	896,573	68.0	9	21	63
Connecticut	1,995,263	786,392	39.4	11	-	8
Delaware	316,609	316,609	100.0	4	3	3
District of Columbia	797,670	797,670	100.0	1	-	-
Florida	2,743,736	2,485,896	90.6	36	64	67
Georgia	3,433,190	2,774,256	80.8	51	93	159
Idaho	585,092	334,442	57.2	5	19	44
Illinois	8,684,513	5,813,329	66.9	28	24	102
Indiana	3,921,213	1,085,888	27.7	9	6	92
Iowa	2,612,598	42,056	1.6	1	1	99
Kansas	1,894,390	903,636	47.7	15	16	105
Kentucky	2,921,708	2,730,394	93.4	71	111	120
Louisiana	2,667,022	2,607,999	97.8	59	59	64
Maine	910,456	910,456	100.0	10	16	16
Maryland	2,324,243	2,324,243	100.0	24	23	23
Massachusetts	4,664,284	1,570,105	33.7	9	1	14
Michigan	6,308,794	5,601,872	88.8	50	70	83
Minnesota	2,968,135	967,000	32.6	3	6	87
Mississippi	2,173,373	2,123,972	97.7	57	78	82
Missouri	3,933,636	2,226,433	56.6	24	22	114
Montana	587,337	118,907	20.2	4	4	56
Nebraska	1,318,079	461,347	35.0	4	4	93
Nevada	158,283	97,110	61.4	2	2	17
New Hampshire	529,880	82,581	15.6	1	-	10
New Jersey	4,822,528	2,367,857	49.1	56	-	21
New Mexico	677,152	677,152	100.0	10	32	32
New York	14,741,445	14,741,445	100.0	38	62	62
North Carolina	4,038,814	4,038,814	100.0	67	100	100
North Dakota	617,965	277,192	44.8	6	24	53
Ohio	7,899,095	5,703,224	72.2	61	54	88
Oklahoma	2,223,650	1,763,193	79.3	32	47	77
Oregon	1,512,100	1,368,592	90.5	19	23	36
Pennsylvania	10,462,628	2,815,195	26.9	3	1	67
Rhode Island	779,931	297,194	38.1	3	5	5
South Carolina	2,107,432	1,864,712	88.5	31	46	46
South Dakota	650,029	104,215	16.0	2	2	68
Tennessee	3,282,271	2,952,329	89.9	62	84	95
Texas	7,677,832	4,812,432	62.7	49	60	254
Utah	686,797	686,797	100.0	10	29	29
Vermont *	375,833	*	*	*	*	14
Virginia	3,270,322	3,010,251	92.0	48	81	100
Washington	2,363,289	2,106,559	89.1	19	24	39
West Virginia	1,999,097	1,591,597	79.6	22	41	55
Wisconsin	3,421,316	1,188,750	34.7	12	1	71
Wyoming	288,800	47,509	16.4	1	1	23

1/ 1950 Census of Population, Preliminary Counts, Series PC-2, Nos. 1 to 49, inclusive.

2/ Includes 9 counties which are served by city health departments, the county and city being conterminous. The cities involved are: San Francisco, Denver, New Orleans, New York (5 counties), and Philadelphia.

* Vermont has no full-time health organizations rendering local health service.

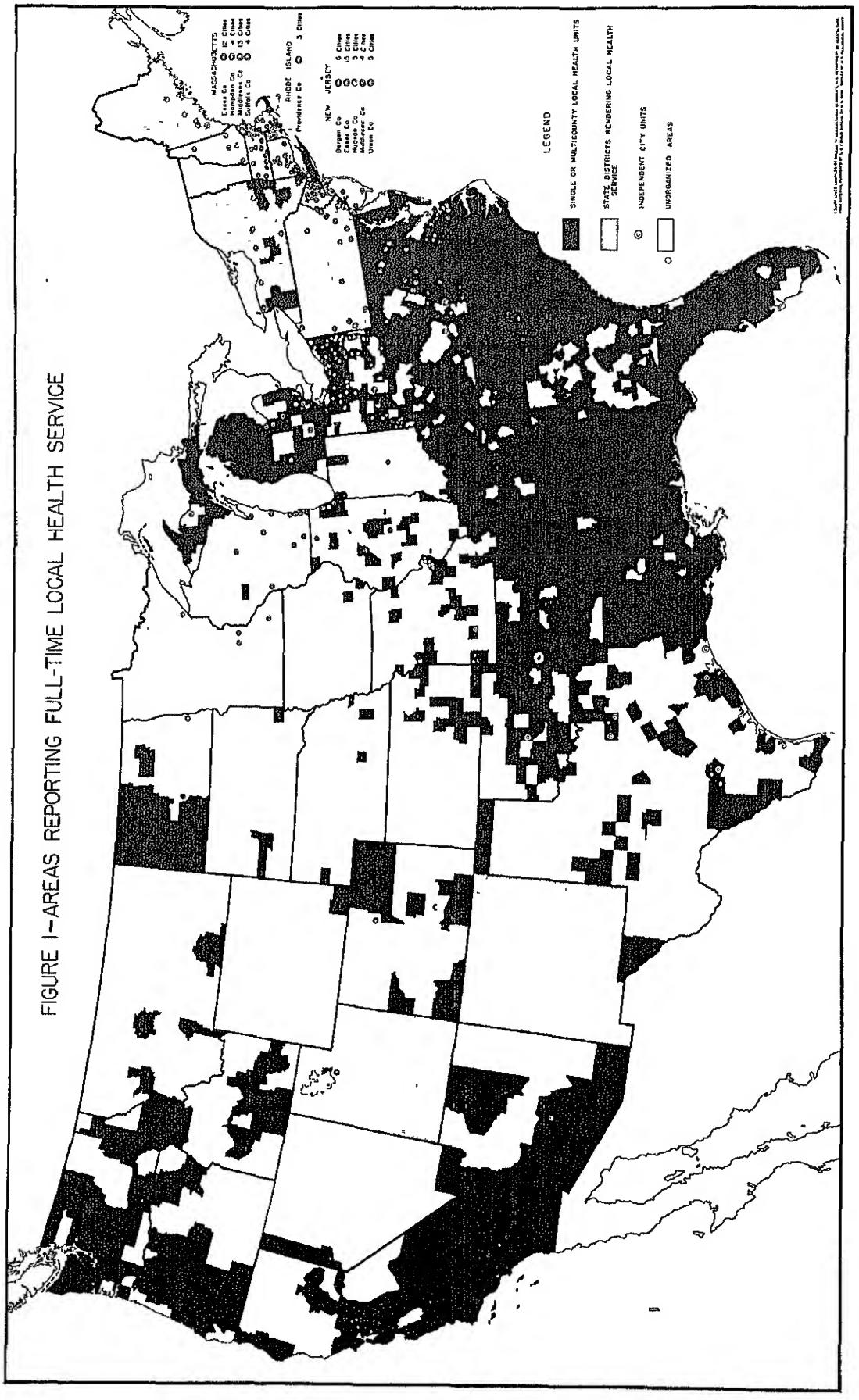

FIGURE 1—AREAS REPORTING FULL-TIME LOCAL HEALTH SERVICE

FULL-TIME PERSONNEL IN LOCAL AREAS

There were 39,153 full-time public health workers employed as of December 31, 1950, by official health agencies (full-time local health units) and by other official agencies engaged in some type of public health work in local areas. This count also includes public health nurses employed by voluntary agencies and working under contract for local health departments. No other personnel data are reported for nonofficial agencies and establishments.

Personnel employed by official health agencies and those performing health services under the administration of other official agencies are discussed separately. It should be noted that comparative analysis of the 1949 and the 1950 Reports of Public Health Personnel, Facilities, and Services indicates rather frequent shifts in personnel from official health agencies to other official agencies, and vice versa. However, it is presumed that at least some of this shifting represents misinterpretation of instructions for reporting health workers rather than actual shifts in the personnel and activities involved.

Personnel of Official Health Agencies

More than 33,000 of all full-time health personnel were employees of official health agencies. This figure includes 202 public health nurses from voluntary agencies who worked under contract for health departments. The total personnel count represents a gain of about 800 over the number of employees reported as of June 30, 1949, despite the fact that the number of reporting health organizations decreased by 49 during the same period. This increase in personnel has particular significance in the face of mobilization demands upon public health personnel.

Table 6 summarizes by State and by personnel classification the number of persons employed on a full-time basis by official health agencies providing local health services. A sizeable decrease in personnel occurred in several States, even aside from the apparent shifts in personnel between official health agencies and other official agencies. Florida, Michigan, Montana, and South Carolina seem to have suffered particularly from loss of health department personnel. On the other hand, Arizona, Idaho, Indiana, Kansas, Nevada, New Jersey, New York, North Carolina, North Dakota, Texas, Utah, and West Virginia showed appreciable gains over 1949 in the number of personnel employed by official health agencies. These gains cannot be attributed entirely to the shifting of personnel or activities between agencies.

Slightly more than one-third of the employees of official health agencies were in nonprofessional or nontechnical categories. Among the professional workers, there were 1,557 physicians, more than 500 of whom were located in three States--California, New York, and Pennsylvania. The total number of physicians represents a slight decrease from the number reported on June 30, 1949. Twenty States had insufficient medical personnel employed by local health organizations to staff each reporting health jurisdiction with a full-time medical health officer.

Table 6.--Number of Full-Time Personnel of Different Classifications Employed by Official Health Agencies in Local Areas with Full-Time Health Organization
December 31, 1950

State	Total	Public health physicians	Public health dentists	Dental hygienists	Public health nurses	Engineers	Professional sanitarians	Other sanitation personnel	Veterinarians	Laboratory personnel	Health educators	Nutritionists	Medical social workers	Public health investigators	Analysts and statisticians	Clerical personnel	Maintenance, custodial, and service personnel	All others
Totals	33,164[1/]	1,557	222	307	11,044[1/]	316	3,599	2,657	310	1,352	243	72	134	449	237	7,177	1,83c	1,65b
Alabama	657	40	1	3	201	4	84	69	17	20	3	-	-	6	1	151	43	14
Arizona	109	5	-	-	36	-	25	2	1	2	-	-	-	2	*	23	1	12
Arkansas	253	9	-	-	88	1	55	-	-	1	1	-	-	4	1	81	3	9
California	3,591	223	19	14	973	22	641	123	13	144	39	10	26	60	70	777	158	270
Colorado	274	10	-	-	114	6	35	25	4	10	3	-	1	1	2	47	8	7
Connecticut	292	16	1	11	139	2	20	21	2	13	2	-	1	1	4	40	2	8
Delaware	90	3	2	3	40	-	10	5	-	3	-	-	-	11	1	12	-	-
Dist. of Columbia	668	26	8	22	139	6	-	87	9	21	3	1	32	9	5	172	80	39
Florida	750	48	4	1	276	6	117	39	5	5	1	-	-	9	5	156	29	49
Georgia	990	35	3	5	378	25	111	27	8	21	2	1	6	7	8	209	60	84
Idaho	84	2	-	-	45	-	11	-	-	6	-	-	-	4	-	11	3	2
Illinois	1,169	41	39	4	426	18	35	177	10	75	10	6	1	22	3	243	48	11
Indiana	319	13	-	1	108	5	31	38	1	10	4	1	2	8	2	60	21	14
Iowa	12	1	-	-	3	1	3	-	-	-	-	-	-	-	-	3	1	-
Kansas	236	23	1	-	93	2	52	8	3	7	1	-	-	-	1	43	10	2
Kentucky	671	44	1	3	219	2	4	142	2	8	1	2	2	12	2	198	14	15
Louisiana	700	30	-	1	167	1	132	35	4	9	3	-	2	14	-	179	60	54
Maine	152	11	-	3	75	7	2	18	-	2	1	2	2	-	-	21	1	7
Maryland	995	40	4	-	415	4	109	53	8	50	3	1	9	17	6	216	31	29
Massachusetts	666	21	26	18	241	1	24	120	-	21	9	2	2	2	2	92	42	43
Michigan	1,563	74	23	6	627	35	71	159	35	43	13	5	1	15	8	334	65	49
Minnesota	211	11	3	3	64	3	35	8	1	9	1	-	-	-	3	60	8	2
Mississippi	613	45	-	-	202	1	99	13	1	6	10	-	-	41	-	141	47	7
Missouri	673	21	4	1	147	19	38	146	17	26	2	-	3	7	3	185	29	25
Montana	34	2	1	-	20	-	3	1	-	1	-	-	-	-	-	6	-	-
Nebraska	132	3	2	-	51	4	26	4	2	11	2	-	1	2	2	21	1	-
Nevada	23	2	1	-	7	-	6	-	-	2	-	-	-	-	-	3	1	1
New Hampshire	17	1	-	-	6	-	4	-	1	1	-	-	-	-	1	1	2	-
New Jersey	934	5	1	3	283	1	25	210	4	52	1	-	5	10	5	153	67	109
New Mexico	157	10	-	-	79	-	19	-	-	-	-	-	-	6	-	41	-	2
New York	6,263	161	39	179	2,105	69	467	252	38	380	57	32	12	12	67	1,527	599	267
North Carolina	1,158	68	6	-	479	9	160	34	7	32	22	1	-	38	2	210	40	51
North Dakota	68	2	-	1	29	5	13	-	1	2	1	-	-	1	-	9	2	2
Ohio	1,626	88	4	1	609	9	260	152	47	42	7	2	1	10	9	307	35	43
Oklahoma	375	31	1	-	130	1	47	47	-	17	-	-	1	11	-	75	8	6
Oregon	321	23	-	1	118	-	48	9	8	7	4	-	-	1	-	57	13	32
Pennsylvania	1,086	116	-	1	271	14	25	197	13	67	4	1	1	4	8	231	68	65
Rhode Island	54	3	6	1	24	-	3	-	-	-	-	-	-	-	-	6	1	10
South Carolina	519	29	3	3	182	4	93	8	1	12	8	-	1	29	-	115	12	19
South Dakota	34	2	-	-	7	1	6	1	1	5	-	-	-	-	-	5	3	3
Tennessee	842	43	3	1	272	5	109	56	-	26	6	1	5	17	1	185	44	68
Texas	1,319	62	7	1	273	17	196	173	24	64	7	1	6	20	5	264	86	113
Utah	197	3	-	-	105	-	26	22	4	7	-	-	-	1	2	23	2	2
Vermont*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Virginia	852	56	5	-	273	4	134	64	2	45	2	-	4	20	3	200	28	12
Washington	657	29	-	3	233	1	101	36	7	35	5	1	5	3	-	125	19	54
West Virginia	258	14	-	3	84	-	47	11	1	2	2	1	2	12	-	65	7	-
Wisconsin	487	21	4	10	181	1	35	64	8	31	3	1	-	-	4	84	11	28
Wyoming	13	1	-	-	7	-	2	1	-	-	-	-	-	-	-	1	1	-

1/ Includes 202 public health nurses, employed by voluntary agencies, who are under contract to provide service to the official health agency.
* Vermont has no full-time health organizations rendering local health service.

Table 6 indicates that official health agencies employed 11,044 public health nurses, which includes the 202 nurses from voluntary agencies who worked under contract for health departments. This total represents an increase of more than 400 over the number reported in 1949. Nevertheless, the greatest staffing need of local health organizations continues to be public health nurses.

A total of nearly 6,900 persons were performing sanitation activities under the direction of official health agencies. About 300 were engineers, 3,600 were professionally trained sanitarians, 310 were veterinarians, and about 2,660 were other sanitation personnel, not including rodent workers, sprayers, and the like. A change in the definition of sanitation personnel was made effective in 1950. The report for that year requested data separately on sanitarians professionally trained in public health techniques and sanitarians without such professional training. The total number of all classes of sanitation personnel represents an increase of about 200 over previously reported data. There were 12 States in which no engineers were reported employed by health departments.

A very slight increase is seen in the number of dentists employed by full-time local health organizations since June 30, 1949. As of that date there were 214 dentists working full time, while as of December 31, 1950, there were 222. The number of dental hygienists increased from 237 to 307 during the same period. These gains can be attributed largely to the increased interest in topical application of fluorides to reduce tooth decay.

As of December 31, 1950, there were 1,352 laboratory workers, 243 health educators, 72 nutritionists, 134 medical social workers, 449 public health investigators, and 237 analysts and statisticians employed by official health agencies. In addition there were 277 clinic nurses, 227 X-ray technicians, and 28 physiotherapists identified in the group reported as "all others." The number of public health investigators reported includes investigators of all types.

Psychiatrists, psychiatric nurses, psychiatric social workers, and similar personnel were reported under broad professional groups such as physicians, nurses, and medical social workers.

Personnel Employed in Official Agencies Other Than Health Agencies

A summarization of public health personnel employed full time by other official agencies performing local public health services is provided in table 7. The total of 5,989 employees reported for this group represents about 15 percent of the total number of full-time local public health workers employed by all tax-supported agencies. Forty-five percent of the other official agency personnel was reported by health units in the States of California and New York.

A decrease of about 1,500 in the number of health workers employed by official agencies other than health agencies was noted between June 1949

Table 7.--Number of Full-Time Public Health Workers of Different Classifications Employed by Other Official Agencies Rendering Some Type of Health Service in Local Areas with Full-Time Health Organization
December 31, 1950

State	Total	Public health physicians	Public health dentists	Dental hygienists	Public health nurses	Engineers	Professional sanitarians	Other sanitation personnel	Veterinarians	Laboratory personnel	Health educators	Nutritionists	Medical social workers	Public health investigators	Analysts and statisticians	Clerical personnel	Maintenance, custodial, and service personnel	All others
Totals	5,989	245	135	258	3,718	44	56	81	23	355	179	70	136	9	11	355	110	195
Alabama	13	-	-	-	10	-	-	-	1	-	1	-	-	-	-	-	1	-
Arizona	87	-	-	-	71	2	-	1	-	1	-	-	-	1	-	1	-	10
Arkansas	3	-	-	-	2	-	-	-	-	-	1	-	-	-	-	-	-	-
California	1,407	74	32	26	831	21	26	20	8	32	45	6	47	1	-	130	27	80
Colorado	67	6	1	1	47	-	-	-	-	1	1	1	2	-	1	5	-	1
Connecticut	74	2	-	18	21	2	1	17	-	-	3	1	5	-	-	1	1	2
Delaware	31	2	-	-	29	-	-	-	-	-	-	-	-	-	-	-	-	-
Dist. of Columbia	32	-	-	-	32	-	-	-	-	-	-	-	-	-	-	-	-	-
Florida	51	-	-	-	15	-	-	17	-	13	-	-	-	-	-	3	-	3
Georgia	4	-	-	-	[illegible]	-	-	-	-	-	-	-	-	1	-	-	-	-
Idaho	6	-	-	-	[illegible]	-	-	-	-	-	-	-	-	-	-	-	-	-
Illinois	171	7	5	1	136	-	-	-	-	4	-	-	4	1	1	9	1	2
Indiana	130	2	2	2	63	-	-	-	-	-	51	3	-	-	-	5	-	2
Iowa	5	-	1	-	2	-	-	-	-	-	-	-	1	-	-	-	-	1
Kansas	59	-	-	-	57	-	-	-	-	-	-	-	1	-	-	-	-	1
Kentucky	17	-	-	-	8	-	-	-	-	2	-	-	-	-	-	7	2	-
Louisiana	16	1	1	-	3	-	-	-	-	-	-	1	2	-	-	5	1	2
Maine	23	-	-	-	20	-	-	3	-	-	-	-	-	-	-	-	-	-
Maryland	38	1	-	-	30	-	-	-	3	3	-	1	-	-	-	-	-	-
Massachusetts	131	4	-	-	93	2	-	2	-	-	14	1	1	-	2	7	-	5
Michigan	74	2	2	2	45	2	-	7	-	1	1	2	-	1	-	2	3	4
Minnesota	159	2	9	26	104	-	-	-	-	-	2	1	14	-	-	4	7	-
Mississippi	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
Missouri	165	13	1	-	141	-	-	4	-	-	-	-	-	-	-	4	2	-
Montana	5	1	-	-	-	-	-	-	1	-	-	-	1	-	-	1	-	1
Nebraska	89	7	-	-	54	-	-	1	-	3	3	3	3	-	1	5	4	5
Nevada	5	-	-	-	3	-	-	-	-	-	-	-	-	-	-	-	-	2
New Hampshire	4	-	-	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-
New Jersey	426	5	9	7	325	6	-	-	1	16	3	1	1	-	3	24	12	23
New Mexico	7	2	-	-	5	-	-	-	-	-	-	-	-	-	-	-	-	-
New York	1,332	23	3	137	766	5	5	-	2	239	29	20	21	-	3	59	12	14
North Carolina	19	-	-	1	3	-	-	1	2	1	1	1	3	-	-	3	-	3
North Dakota	4	-	-	-	-	-	-	-	1	-	-	-	-	1	-	2	-	-
Ohio	224	4	28	6	128	2	-	-	1	3	10	-	9	-	-	13	8	12
Oklahoma	23	2	1	-	17	-	-	-	-	1	-	-	2	-	-	-	-	-
Oregon	20	1	-	-	15	-	-	1	2	-	-	2	-	-	-	1	-	-
Pennsylvania	355	20	27	26	222	-	-	-	-	2	1	12	-	-	-	10	26	-
Rhode Island	18	-	-	-	16	-	-	-	-	-	-	-	-	-	-	2	-	-
South Carolina	41	1	-	-	15	-	13	1	-	1	-	-	1	-	-	6	3	-
South Dakota	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
Tennessee	13	-	1	-	1	-	2	-	-	-	2	1	-	-	-	-	-	2
Texas	330	11	1	2	247	1	2	5	1	8	7	5	6	2	-	10	2	11
Utah	11	-	-	-	7	1	1	-	-	1	-	-	-	-	-	1	-	-
Vermont*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Virginia	111	51	6	-	50	-	-	-	-	-	1	-	3	1	-	3	1	3
Washington	83	1	-	2	25	1	6	1	-	1	-	2	5	-	-	15	-	6
West Virginia	62	-	5	-	29	-	-	-	-	22	1	2	-	-	-	3	-	-
Wisconsin	8	-	-	-	6	-	-	-	-	-	1	-	-	-	-	-	2	-
Wyoming	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-

* Vermont has no full-time health organizations rendering local health service.

and December 1950. Some of this decrease can be attributed to the shifting of personnel between agencies and to the fact that fewer units reported in 1950 than in 1949.

School health services are most frequently provided by an official agency other than the health department. This fact is reflected in table 7, which shows about 60 percent of the employees of other official agencies to be public health nurses, generally school nurses. Again, other official agency participation in school health programs appears to be indicated here because the proportion of dentists, dental hygienists, and nutritionists is much higher in this group than in the official health agency group.

The proportion of clerical employees to professional workers is much lower than in health departments. It is difficult to determine that a clerical employee in an agency other than a health agency is devoting full time to public health activities.

Distribution of Health Department Personnel by Classification of Health Organization

Table 8 shows the number and kind of workers reported by the four types of full-time health organizations serving local areas. Of the 33,164 persons employed by official health agencies (including voluntary nurses working under contract), about one-half were employed by city health departments. These cities served slightly less than 40 percent of the population covered by reporting health organizations. County health jurisdictions employed 11,627 persons, or almost one-third of the total number employed by official health agencies. Local health districts and State health districts rendering direct services had a total of only 4,558 employees, although they served 56 percent of the counties covered by reporting health organizations and more than 20,000,000 people.

If one considers the ratio of personnel per 100,000 population, the variations in personnel among the different types of local health organizations become even more striking (see table 9). All official health agencies employed 31.3 persons per 100,000 population. City health departments employed 40.6 persons per 100,000 population, and State health districts employed 19.9 per 100,000 population. Local health districts and single county organizations were between these extremes with 23.3 and 26.4 employees per 100,000 population, respectively.

With respect to public health physicians, there was uniformity in the ratio shown among the different types of organizations except in the State health district group, which employed only 0.8 physicians per 100,000 as compared to 1.5 in each of the other groups. City health departments and State health districts employed 11.9 and 10.6 nurses per 100,000 population, respectively, as compared to 9.3 in county health units and in local health districts.

Sanitation personnel considered as a group varied more widely in ratio among the different types of organizations than did physicians, nurses, and clerks--the three other types of personnel considered basic for staffing

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Table 8.--Full-Time Personnel of Different Classifications Employed by Official Health Agencies, Arranged by Type of Local Health Organization
December 31, 1950

Type of personnel	Total official health agency personnel	Number of personnel by type of organization			
		Single county	City health departments	Local health districts	State health districts (actual service)
All types	33,164[1/]	11,627	16,979	3,490	1,068
Public health physicians	1,557	675	619	219	44
Public health dentists	222	68	134	12	8
Dental hygienists	307	54	235	6	12
Public health nurses	11,044[1/]	4,094	4,989	1,391	570
Sanitation personnel:					
Engineers	316	141	116	28	31
Veterinarians	310	92	208	6	4
Professional sanitarians	3,599	1,498	1,564	481	56
Other	2,657	704	1,736	156	61
Laboratory personnel	1,352	373	931	43	5
Health educators	243	99	123	18	3
Nutritionists	72	11	55	3	3
Medical social workers	134	57	70	5	2
Public health investigators	449	205	169	69	6
Analysts and statisticians	237	96	138	2	1
Clerical	7,177	2,451	3,641	855	230
Maintenance, custodial, and service	1,832	454	1,266	106	6
All others	1,656	555	985	90	26

1/ Includes 202 public health nurses, employed by voluntary agencies, who are under contract to provide service to official health agencies.

Table 9.--Ratio of Official Health Agency Personnel to Population Covered by Reporting Full-Time Local Health Organizations of Different Types
December 31, 1950

Type of personnel	Number of workers per 100,000 population covered by designated types of organizations				
	All types	Single county	City health departments	Local health districts	State health districts (actual service)
All types	31.3	26.4	40.6	23.3	19.9
Public health physicians	1.5	1.5	1.5	1.5	0.8
Public health dentists	0.2	0.2	0.3	0.1	0.1
Dental hygienists	0.3	0.1	0.6	*	0.2
Public health nurses	10.4	9.3	11.9	9.3	10.6
Sanitation personnel:	6.5	5.5	8.7	4.4	2.8
Engineers	(0.3)	(0.3)	(0.3)	(0.2)	(0.6)
Veterinarians	(0.3)	(0.2)	(0.5)	(*)	(0.1)
Professional sanitarians	(3.4)	(3.4)	(3.7)	(3.2)	(1.0)
Other	(2.5)	(1.6)	(4.2)	(1.0)	(1.1)
Laboratory personnel	1.3	0.9	2.2	0.3	0.1
Health educators	0.2	0.2	0.3	0.1	0.1
Nutritionists	0.1	*	0.1	*	0.1
Medical social workers	0.1	0.1	0.2	*	*
Public health investigators	0.4	0.5	0.4	0.5	0.1
Analysts and statisticians	0.2	0.2	0.3	*	*
Clerical	6.8	5.6	8.7	5.7	4.3
Maintenance, custodial, and service	1.7	1.0	3.0	0.7	0.1
All others	1.6	1.3	2.4	0.6	0.5

* Less than 0.05. In columns where more than one asterisk appears the "* items" total 0.1.

local health departments. City health departments employed 8.7 sanitation personnel per 100,000 population, while State health districts employed only 2.8 persons of this occupational group per 100,000 population served. Local health districts employed 4.4 sanitation personnel per 100,000 population, and county health departments 5.5. The ratio of engineers employed in State health districts was double that employed in other types of health units. On the other hand, the ratio of "other sanitation personnel" to population was highest in city health departments, where it is often possible to have several inspectors working under the direction of one professional sanitarian. State health districts employed a small ratio of professional sanitarians as compared to other types of organizations. Veterinarians were most frequently employed by city health departments.

Approximately 7 clerks per 100,000 population were employed by all reporting organizations. The ratio for clerical workers varied from 8.7 in city health departments to 4.3 in State health districts; local health districts had a ratio of 5.7 and county health units a ratio of 5.6. Administrative and record-keeping functions are usually more extensive in city health departments, which probably accounts for the high ratio of clerical employees among health organizations of that classification.

The more specialized types of health workers such as nutritionists, laboratory workers, dentists, medical social workers, and health educators, were more frequently employed by city health departments than by other types of units. Generally, the ratio of each of these specialized groups was extremely low. Public health dentists were most frequently employed by city units and least frequently by local and State health districts. Dental hygienists were also far more frequently employed by city health departments than by organizations of other classifications. City health departments employed 2.2 laboratory workers per 100,000 population, while local health districts and State health districts employed only 0.3 and 0.1 per 100,000 population, respectively. This illustrates the dependence of State and local districts, particularly, upon State health departments for laboratory services. Health educators were predominantly employees of city health departments.

Maintenance, custodial, and service workers were employed in the ratio of 3 per 100,000 population in city health departments, while county health departments employed 1.0, local health districts 0.7, and State health districts only 0.1 such workers per 100,000 population covered. The larger health departments with quite elaborate staffing patterns most frequently classify service workers under this occupational category. In smaller units, the services which these workers perform are usually contracted for on a part-time basis or are among "other related duties" of staff members classified under some other occupational group.

These data indicate that the more specialized type of public health personnel cannot be efficiently utilized unless local health organizations are serving an appreciable population with a comprehensive and, to some extent, specialized health program. In areas sponsoring a generalized program, it is the public health physician, the nurses, sanitation personnel, and clerks who form the basic staff. A number of specialized and technical services, such as technical sanitary engineering and laboratory services, are frequently provided by the State health department staff.

Merit System Coverage of Full-Time Employees of Official Health Agencies

Reported data indicate that the majority of employees of full-time official health agencies were employed under the provisions of either a locally or State administered merit system. Reports show that only about 12 percent of the 32,962 employees (see table 10) were not covered by any type of merit system.

Table 10.--Extent of Coverage of Official Health Agency Personnel by a Merit System December 31, 1950

Merit system coverage	Number of employees	Percent of employees
Totals	32,962[1/]	100.0
Locally administered	17,971	54.5
State administered	10,915	33.1
Not covered	4,076	12.4

1/ Excludes the 202 full-time nurses employed by voluntary agencies and working under contract for official health agencies.

An analysis was made to determine where each health unit falls with respect to the percentage of its employees covered by a merit system, and the results are shown in table 11. As stated above, 12 percent of the local health units reported no employees under a merit system. An additional 2.7 percent of the units reported less than 50 percent of their employees under some type of merit system. At the other extreme, 62 percent of all reporting health units indicated that 100 percent of their employees were under a merit system. An additional 17.3 percent of the units reported at least 80 percent of their employees under merit systems.

These data indicate that considerable progress has been made in extending merit system coverage to employees of local health departments. However, complete coverage has not been achieved. Even though a merit system may be in effect in a local health unit, frequently the unskilled employees are employed outside the system.

Table 11.--Percent of Official Health Agency Personnel Employed Under a Merit System in Each Reporting Health Organization, Arranged in Percentage Groups, and Number and Percent of the Organizations Represented in Each Group
December 31, 1950

Percent of employees covered by merit system	Number of organizations	Percent of organizations
Totals	1,193	100.0
No coverage	144	12.1
1 - 24	17	1.4
25 - 49	15	1.3
50 - 59	8	0.7
60 - 69	15	1.3
70 - 79	46	3.8
80 - 89	111	9.3
90 - 99	96	8.0
100	741	62.1

FULL-TIME PERSONNEL OF VARIOUS TYPES RELATED TO MINIMUM STAFFING REQUIREMENTS

Data available to the Public Health Service indicate that expansion of existing health organizations and establishment of new full-time organizations for local health service will require many additional employees. The small gain (about 800 employees) in total personnel employed in local health departments as of December 1950, as compared to June 1949, is encouraging, but the rate of increase is far below that required to meet the demands of complete coverage.

The amount of public health protection and services available to people living in areas having full-time health organization is dependent to a large extent on the number of full-time employees on the staff of the official health agency. As mentioned previously, physicians, nurses, sanitation personnel, and clerical workers form the nucleus, insofar as personnel, for operation of a basic generalized health program. Only a small percentage of the full-time health organizations are sufficiently staffed with these types of personnel to render minimum basic health services to residents of the areas served. Not only must additional workers be trained to fully staff these existing health units, but others must be trained to staff new units and to replace personnel lost to the professions for various reasons. The magnitude of this problem of staffing may be gained to some extent from the tables and the accompanying analyses presented in this section in two parts: (1) Availability of Four Basic Classes of Personnel and (2) Deficiencies in Four Basic Classes of Personnel.

Availability of Four Basic Classes of Personnel

As a guide in determining whether localities had sufficient staff to provide minimum basic health services, the number of physicians, nurses, sanitarians, and clerks in each health department was related to the population of the area served, applying the generally accepted minimum staffing requirements. By making such comparisons on a unit basis, areas having more than the required minimum of personnel did not compensate for areas having less than the number recommended. The minimum staffing requirements are as follows:

1 public health physician for every 50,000 persons (or 1 for every local health unit, whichever is less),
1 public health nurse for every 5,000 persons,
1 sanitary engineer or sanitarian for every 15,000 persons,
1 clerk for every 15,000 persons.

These requirements are the same as those applied in previous years, except for the one pertaining to sanitation personnel. The minimum requirement for sanitation personnel was formerly 1 sanitary engineer or sanitarian to every 25,000 persons. Public health administrators have recognized for some time that basic public health practice today carries enlarged sanitation responsibilities necessitating a larger representation of sanitation

workers. The American Public Health Association, in connection with the Evaluation Schedule, which is used as a basis for the appraisal of community health programs, considers a ratio of 1 sanitarian to 15,000 population as "good," whereas the old requirement of 1 to 25,000 population is now considered as "poor." The Public Health Service also subscribes to this new minimum for sanitation personnel. It has therefore been applied to the sanitation personnel data reported for 1950.

In many local areas the official health agency staff is supplemented by public health workers of other tax-supported agencies. However, only those workers reported as serving under the administrative direction and technical guidance of the health authority are included in this study of adequacy of personnel, since the responsibility for the comprehensive local health program rests with the official health agency of the community.

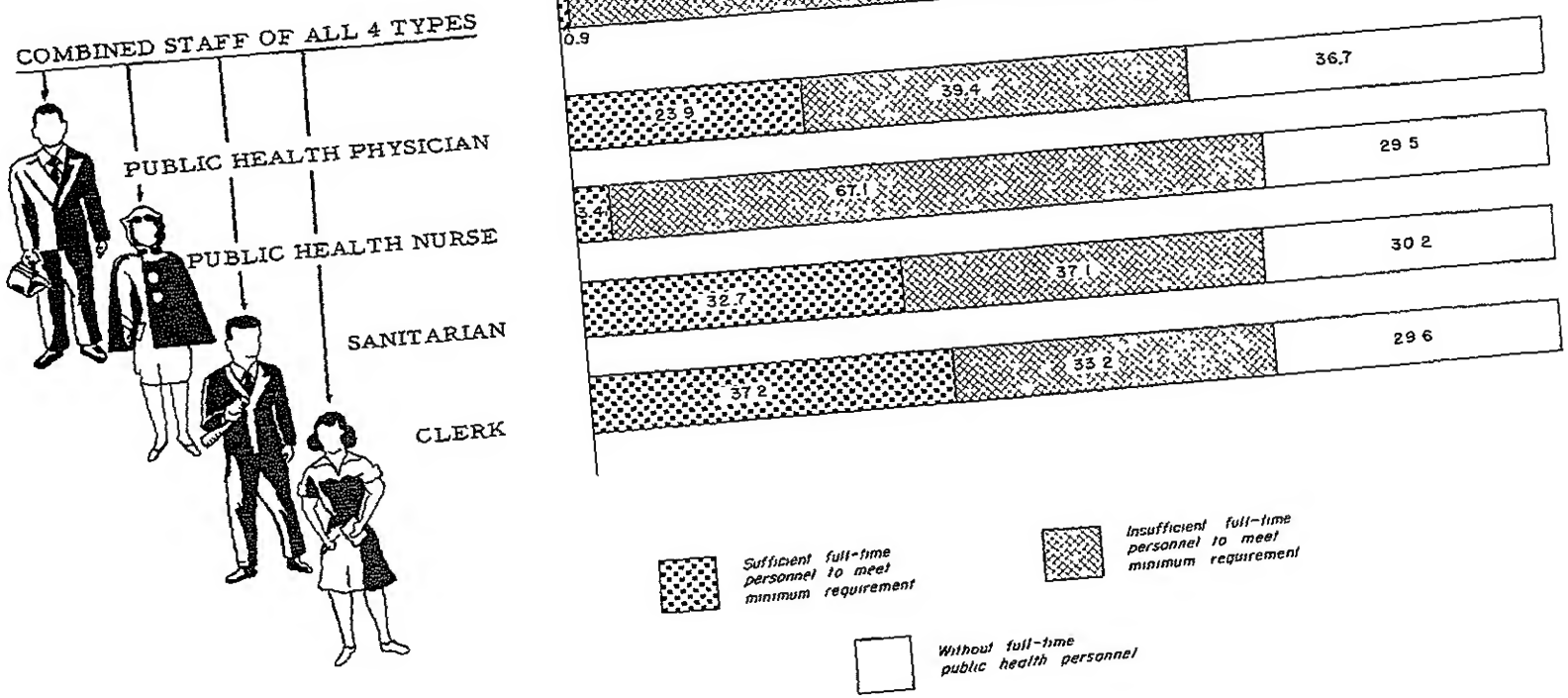
Nationally, with respect to the percent of total population served by health departments with staffs meeting minimum staffing requirements, the picture is not as good as that reported on June 30, 1949 (see figure 2). As of December 31, 1950, only 25 of the 1,193 full-time health organizations reported sufficient physicians, nurses, sanitation workers, and clerks to meet minimum staffing requirements (see table 12). These organizations served slightly more than 1,300,000 persons, or 0.9 percent of the total population, as compared to 2.0 percent of the population served by reporting organizations with sufficient personnel in 1949. The 25 health units meeting the minimum requirements served 27 counties and 5 cities. Thirteen of the units were of the single county type, five were city health departments, and seven were local health districts.

Further study of the personnel situation in local areas was made. Table 13 presents for each of the four classes of personnel considered the number and percent of reporting organizations--cities shown separately--and the number and percent of counties which had sufficient personnel, some personnel but not enough, and no personnel.

Consideration of the individual types of personnel making up the basic staff reveals little change between 1949 and 1950 in the percentage of counties served by the recommended number of public health physicians and clerical workers and in the percentage of cities with sufficient physicians. However, the number of counties with sufficient nursing and sanitation personnel and the number of cities with sufficient sanitation personnel dropped considerably in 1950. Only 514 counties and 113 cities met the new requirement with respect to sanitation personnel, as compared to 956 counties and 192 cities which met the requirement used in 1949. With respect to nurses, only 70 counties and 25 cities had sufficient nursing personnel in 1950. The number of counties represents a reduction of 78 from the number meeting minimum nursing personnel requirements in 1949, whereas the count of cities remained the same for both years.

Slightly more than half the reporting organizations had sufficient physicians to meet minimum requirements. These organizations served 53 percent of the total counties reported covered by full-time local health

FIGURE 2—PERCENT OF TOTAL U S POPULATION[1] RESIDING IN AREAS REPORTING SUFFICIENT FULL-TIME HEALTH AGENCY PERSONNEL OF DESIGNATED CLASSES TO MEET MINIMUM STAFFING REQUIREMENTS DECEMBER 31, 1950[2]



Minimum Staffing Requirements

One public health physician for every 50,000 persons (or every local unit, whichever is less),
One public health nurse for every 5,000 persons,
One sanitarian for every 15,000 persons,
One clerk for every 15,000 persons

1 1950 Census of Population, Preliminary Counts, Series PC-2, Nos 1—49, inclusive
2 Data not available for unreported full-time health units, therefore, population of such areas was included in percent of U S population "Without full-time public health personnel"

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Table 12.--Percent of Total U. S. Population Residing in Areas Having Sufficient Full-Time Health Agency Personnel of Designated Classes to Meet Minimum Staffing Requirements[1], Showing Total Number of Organizations and Counties Covered, Number of City Health Departments Reporting Separately, and Population with Sufficient Personnel
December 31, 1950

Type of personnel	Percent of U. S. population with sufficient personnel[2]	Number with sufficient personnel			
		Organizations		City health departments	Population of areas[2]
		All types	Counties covered		
All four types	0.9	25	27	5	1,307,178
Nurses	3.4	77	70	25	5,036,056
Physicians	23.9	613	817	60	35,828,855
Sanitation personnel	32.7	481	514	113	48,973,445
Clerical personnel	37.2	581	747	103	55,791,262

1/ Refer to page 21 for recommended minimum staffing requirements.

2/ 1950 Census of Population, Preliminary Counts, Series PC-2, Nos. 1--9, inclusive.

Table 13.--Relationship to Recommended Minimum Staffing Requirements[1/] of Full-Time Health Agency Personnel Employed in Areas Reporting Full-Time Local Health Service[2/]
December 31, 1950

Type of personnel	Number and percent of reported units, counties, and cities with--					
	Sufficient personnel		Some personnel but not enough		No personnel of specified class	
	Number	Percent	Number	Percent	Number	Percent
Physicians:						
Units	613	51.4	275	23.0	305	25.6
Counties	817	53.1	331	21.5	392	25.4
Cities	60	34.0	58	33.0	58	33.0
Nurses:						
Units	77	6.5	1,098	92.0	18	1.5
Counties	70	4.6	1,462	94.9	8	0.5
Cities	25	14.2	146	83.0	5	2.8
Sanitation personnel:						
Units	481	40.3	645	54.1	67	5.6
Counties	514	33.4	969	62.9	57	3.7
Cities	113	64.2	46	26.1	17	9.7
Clerks:						
Units	581	48.7	591	49.5	21	1.8
Counties	747	48.5	783	50.8	10	0.7
Cities	103	58.5	66	37.5	7	4.0

1/ Refer to page 21 for recommended minimum staffing requirements.

2/ A total of 1,193 health organizations, covering 1,540 counties, submitted the Report of Public Health Personnel, Facilities, and Services as of December 31, 1950. Of the total organizations, 176 were city health departments.

service. Only 34 percent of the city health departments reporting met the minimum requirement for this class of personnel. While counties were more frequently staffed with a sufficient number of physicians than were cities, both counties and cities showed a much higher percentage without any medical personnel than was revealed for any one of the three other classes of personnel.

The percentage of cities reporting sufficient nurses to meet minimum requirements was more than three times that of counties with sufficient nurses. Practically all reporting health units had some nurses, although the percentage of units with enough nurses to meet the requirements was very low (6.5 percent). The severe nursing shortage is reflected in the percentages--ranging from about 85 to 95 percent--of units, counties, and cities which had no full-time nursing staff or insufficient staff to meet minimum requirements.

The percentage of cities reporting sufficient sanitation personnel was nearly twice that shown for counties. Sixty-three percent of all counties had some but not enough sanitation personnel, and 26 percent of the reporting cities showed deficiencies. More complete sanitation staffs have been employed by health organizations serving urban populations than have been employed by organizations primarily serving rural areas.

About 59 percent of the full-time city health departments had sufficient clerical personnel, and about 49 percent of the counties with full-time local health services were in this category. Less than 1.0 percent of all counties covered had no clerical employees, and 4.0 percent of the cities fell in this category.

Table 14 shows the percentage of each State's total population residing in areas having sufficient personnel of all four types and of each individual type to meet minimum requirements. Thirty-four States, plus the District of Columbia, did not have one health organization staffed with the recommended number of basic full-time personnel. There were only two States and the District of Columbia in which two-thirds or more of the population was served by units meeting the physician requirements. The proportion of each State's population served by units meeting the nursing requirements exceeded 10 percent in only five States. One State and the District of Columbia had more than two-thirds of its population served by units meeting the requirements for sanitation personnel, and four States and the District of Columbia had more than two-thirds of their population served by units meeting the minimum ratio for clerical personnel.

Figures 3 and 4 reflect the status of the staffing situation in the four categories of personnel, combined and individually, on the basis of the

Table 14.--Percent of Total Population of Each State Residing in Areas with Sufficient Full-Time Health Agency Personnel of Designated Classes to Meet Minimum Staffing Requirements[1/]
December 31, 1950

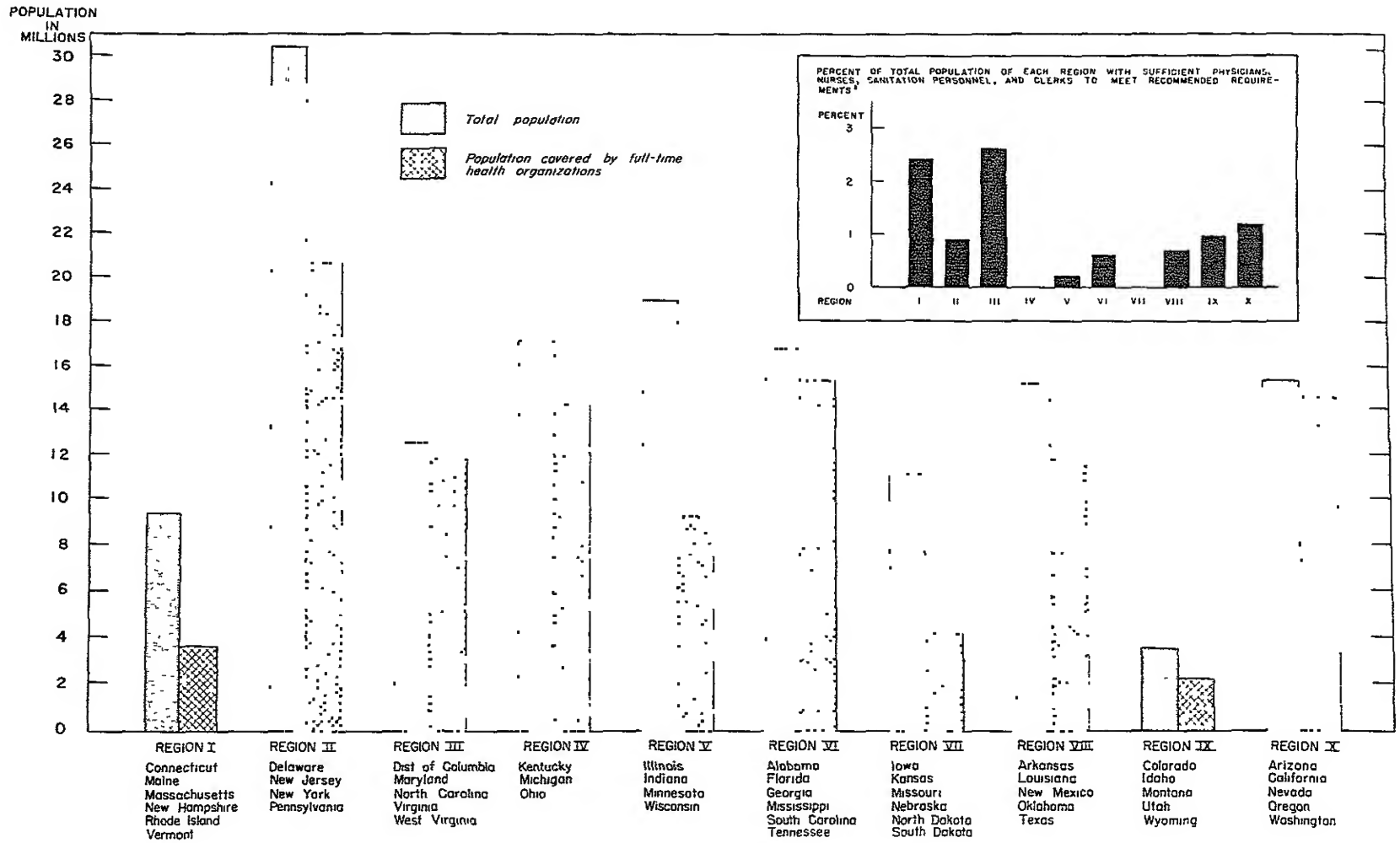
State	Total population	Percent of total State population having sufficient personnel to meet recommended minimum requirements				
		All 4 classes	Physicians	Nurses	Sanitation personnel	Clerks
Totals	149,855,592[2/]	0.9	23.9	3.4	32.7	37.2
Alabama	3,052,754	0.0	37.9	0.0	50.1	37.5
Arizona	745,259	0.0	0.0	5.5	15.4	1.2
Arkansas	1,901,631	5.3	18.1	5.3	13.4	23.8
California	10,490,070	1.1	69.0	6.2	73.1	77.7
Colorado	1,318,048	2.8	20.7	7.0	50.1	46.7
Connecticut	1,995,263	8.9	29.9	18.4	15.6	22.3
Delaware	316,609	0.0	12.9	12.9	34.7	34.7
District of Columbia	797,670	0.0	100.0	0.0	100.0	100.0
Florida	2,743,736	2.2	46.1	2.2	43.4	41.2
Georgia	3,433,190	0.0	25.6	20.5	34.4	39.4
Idaho	585,092	0.0	19.5	0.0	0.0	0.0
Illinois	8,684,513	0.5	7.8	1.3	3.9	9.2
Indiana	3,921,213	0.0	3.6	10.9	18.3	10.9
Iowa	2,612,598	0.0	1.6	0.0	1.6	1.6
Kansas	1,894,390	0.0	16.3	0.0	37.6	13.1
Kentucky	2,921,708	0.0	40.9	0.8	37.7	65.8
Louisiana	2,667,022	0.2	21.7	0.2	64.1	64.0
Maine	910,456	0.0	29.1	8.4	11.9	8.4
Maryland	2,324,243	2.9	32.7	7.6	53.3	89.7
Massachusetts	4,664,284	1.0	5.6	3.8	28.0	4.6
Michigan	6,308,794	0.0	16.1	0.0	45.6	45.5
Minnesota	2,968,135	0.0	10.4	0.0	0.0	17.4
Mississippi	2,173,373	1.6	70.2	2.1	41.6	69.3
Missouri	3,933,636	0.0	6.3	0.0	39.3	26.1
Montana	587,337	0.0	12.6	1.7	3.7	14.3
Nebraska	1,318,079	0.0	2.6	0.0	32.4	2.6
Nevada	158,283	0.0	61.4	0.0	31.3	0.0
New Hampshire	529,880	0.0	0.0	0.0	0.0	0.0
New Jersey	4,822,528	0.0	1.0	15.0	29.8	25.7
New Mexico	677,152	0.0	47.0	0.0	0.0	40.3
New York	14,741,445	1.9	5.4	5.0	17.0	77.8
North Carolina	4,038,814	6.4	65.2	6.4	28.6	28.9
North Dakota	617,965	0.0	6.3	0.0	31.0	4.0
Ohio	7,899,095	0.0	24.3	0.0	44.6	31.4
Oklahoma	2,223,650	0.0	45.0	0.0	31.6	10.3
Oregon	1,512,100	0.0	60.3	0.0	25.7	5.2
Pennsylvania	10,462,628	0.0	6.4	0.0	26.9	26.9
Rhode Island	779,931	0.0	0.0	0.0	0.0	0.0
South Carolina	2,107,432	0.0	46.6	0.0	33.4	30.3
South Dakota	650,029	0.0	16.0	0.0	16.0	5.2
Tennessee	3,282,271	0.0	41.8	0.2	28.5	43.1
Texas	7,677,832	0.0	15.7	0.0	44.5	30.3
Utah	686,797	0.0	9.4	9.5	38.9	12.4
Vermont*	375,833	*	*	*	*	*
Virginia	3,270,322	0.0	57.6	0.0	46.1	47.5
Washington	2,363,289	3.1	28.4	3.1	56.3	41.3
West Virginia	1,999,097	0.0	24.2	0.0	6.7	13.2
Wisconsin	3,421,316	0.0	12.6	1.2	25.8	27.5
Wyoming	288,800	0.0	16.4	0.0	16.4	0.0

1/ Refer to page 21 for recommended minimum staffing requirements.

2/ 1950 Census of Population, Preliminary Counts, Series PC-2, Nos. 1-49, inclusive.

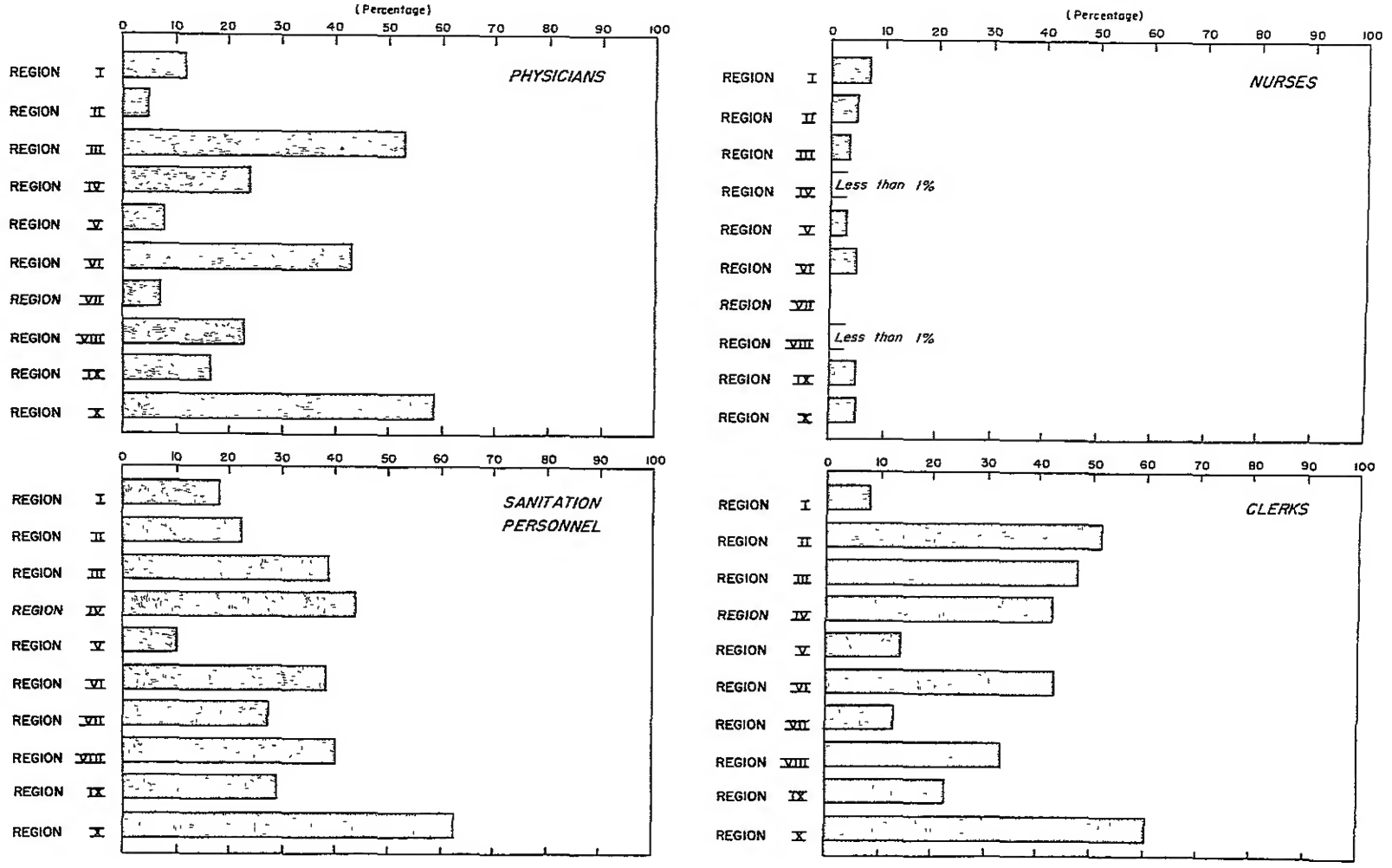
* Vermont has no full-time health organizations rendering local health service.

FIGURE 3– TOTAL POPULATION OF EACH FEDERAL SECURITY AGENCY REGION, POPULATION OF EACH REGION RESIDING IN AREAS ORGANIZED FOR FULL-TIME HEALTH SERVICE, AND PERCENT OF THE TOTAL POPULATION WITH THE RECOMMENDED MINIMUM NUMBER OF HEALTH AGENCY PERSONNEL OF FOUR DESIGNATED CLASSES[1] — DECEMBER 31, 1950



[1] Minimum staffing requirements.
One public health physician for every 50,000 persons (or for each local health unit),
One public health nurse for every 5,000 persons,
One sanitary engineer, or sanitarian, for every 15,000 persons,
One clerk for every 15,000 persons.

FIGURE 4 – REGIONAL DIFFERENCES IN PERCENTAGE OF THE TOTAL POPULATION OF EACH REGION[1] RESIDING IN AREAS WITH SUFFICIENT FULL-TIME HEALTH AGENCY PERSONNEL OF EACH DESIGNATED CLASS TO MEET MINIMUM STAFFING REQUIREMENTS[2] – DECEMBER 31, 1950



[1] Refer to Figure 3 for identity of states comprising each region
[2] Refer to Figure 3, footnote 1

constituent States of the 10 Federal Security Agency regions.2/ States in Regions I and III only had as much as 2.0 percent of their populations covered by organizations sufficiently staffed in all four categories of personnel to meet the recommended minimum requirements. Region I had a relatively small proportion of its population residing in areas covered by full-time local health service, whereas Region III had the highest percentage of population of any region with full-time local health coverage.

With respect to the individual types of personnel, Region X had the highest percentages of any region in each type of personnel except nurses. States in Region I exceeded all other regions in percentage of population residing in areas with sufficient nursing personnel for minimum requirements.

Deficiencies in Four Basic Classes of Personnel

Frequently, the question is asked as to the number of health department employees which are needed to meet minimum staffing requirements in areas now organized for full-time local health service. An analysis was made of the additional public health workers required to staff each health organization in accordance with these minimum requirements. In determining staff deficiencies, the minimum requirements were applied to the staff of each unit. On this basis, personnel employed in a particular unit in excess of the requirements did not compensate for personnel deficiencies existing in others.

As shown in table 15, it was determined that staffing of reporting organizations according to minimum requirements would require an additional 960 public health physicians, 10,082 public health nurses, 1,621 sanitation workers, and 1,435 clerks. The shortage of nursing personnel is the most critical. Of 1,193 reporting health organizations, 1,116 organizations had insufficient nursing staffs to meet the minimum ratio. In as many as half the States, every full-time unit in the State needed more nurses. Deficiencies in nurses were within nearly a thousand of the number on duty. Recruitment is only one of the problems in maintaining a nursing staff. The attrition rate in this profession is perhaps higher than in any of the three other basic types of personnel.

2/ The established Federal Security Agency regions and constituent States (exclusive of Puerto Rico, the Virgin Islands, and the territories of Alaska and Hawaii) are as follows:

Region I:	Conn., Me., Mass., N. H., R. I., Vt.
Region II:	Del., N. J., N. Y., Pa.
Region III:	D. C., Md., N. C., Va., W. Va.
Region IV:	Ky., Mich., Ohio
Region V:	Ill., Ind., Minn., Wis.
Region VI:	Ala., Fla., Ga., Miss., S. C., Tenn.
Region VII:	Iowa, Kans., Mo., Nebr., N. Dak., S. Dak.
Region VIII:	Ark., La., N. Mex., Okla., Tex.
Region IX:	Col., Idaho, Mont., Utah, Wyo.
Region X:	Ariz., Calif., Nev., Oreg., Wash.

Table 15.--Number of Additional Full-Time Health Agency Personnel of Each Designated Type Needed in Each State to Staff Reporting Health Organizations According to Recommended Minimum Staffing Requirements[1/], and Number of Organizations with Deficiencies in Each Type of Personnel
December 31, 1950

State	Total number of organizations reporting	Physicians		Nurses		Sanitation personnel		Clerks	
		Additional needed	Organizations deficient	Additional needed	Organizations deficient	Additional needed	Organizations deficient	Additional needed	Organizations deficient
Totals	1,193	960	580	10,082	1,116	1,621	712	1,435	612
Alabama	67	38	30	410	67	50	41	63	39
Arizona	8	9	8	74	6	19	6	18	7
Arkansas	27	27	22	248	26	67	23	37	19
California	52	32	21	936	42	44	17	38	17
Colorado	9	8	3	64	6	6	3	13	4
Connecticut	11	4	4	47	8	9	7	12	8
Delaware	4	3	3	24	3	14	3	9	3
District of Columbia	1	0	0	21	1	0	0	0	0
Florida	36	13	8	224	33	20	12	29	13
Georgia	51	34	33	186	47	61	40	33	21
Idaho	5	5	3	20	5	10	5	10	5
Illinois	28	79	12	735	24	152	20	165	12
Indiana	9	10	6	109	8	9	6	21	8
Iowa	1	0	0	5	1	0	0	0	0
Kansas	15	8	6	87	15	6	5	16	9
Kentucky	71	37	35	323	68	58	46	24	18
Louisiana	59	26	31	329	58	25	25	20	15
Maine	10	8	5	113	9	35	8	41	9
Maryland	24	13	7	46	17	32	13	5	2
Massachusetts	9	10	5	79	6	3	3	12	6
Michigan	50	43	26	486	50	90	34	70	28
Minnesota	3	9	2	129	3	17	3	9	2
Mississippi	57	15	15	223	55	34	27	15	13
Missouri	24	33	16	301	24	24	11	30	13
Montana	4	2	2	3	3	3	3	1	1
Nebraska	4	7	3	41	4	1	1	7	3
Nevada	2	0	0	12	2	1	1	3	2
New Hampshire	1	1	1	11	1	1	1	4	1
New Jersey	56	80	54	298	43	57	35	63	27
New Mexico	10	4	3	55	10	26	10	10	3
New York	38	137	32	865	33	235	25	67	15
North Carolina	67	22	19	336	63	90	51	85	46
North Dakota	6	5	5	27	6	2	2	11	5
Ohio	61	40	24	526	61	70	35	104	41
Oklahoma	32	11	12	222	32	36	21	41	23
Oregon	19	8	7	130	19	36	17	36	16
Pennsylvania	3	7	2	290	3	0	0	0	0
Rhode Island	3	4	3	36	3	18	3	15	3
South Carolina	31	13	12	185	31	31	18	26	18
South Dakota	2	0	0	14	2	0	0	3	1
Tennessee	62	35	34	315	61	64	47	50	37
Texas	49	53	25	669	49	36	17	75	32
Utah	10	13	8	31	8	15	8	21	9
Vermont*	*	*	*	*	*	*	*	*	*
Virginia	48	14	11	335	48	39	21	41	21
Washington	19	16	6	178	18	20	13	29	14
West Virginia	22	20	13	231	22	48	19	43	17
Wisconsin	12	4	3	49	11	7	6	8	5
Wyoming	1	0	0	4	1	0	0	2	1

1/ Refer to page 21 for recommended minimum staffing requirements.

* Vermont has no full-time health organizations rendering local health service.

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Sanitation workers were second to nurses in number of additional workers needed and units deficient in personnel. Almost 60 percent of all reporting organizations needed additional sanitation workers. Such additional personnel amounted to 1,621 workers for minimal staff.

Additional clerical personnel requirements totaled 1,435. These clerks would be employed in 612 health organizations, or slightly more than half the total number reporting.

As many as 580 reporting organizations had insufficient medical personnel to meet the minimum ratio. The deficit amounted to 960 physicians. It is recognized that actual public health physician requirements will vary somewhat, depending on the public health medical services which may be available through the use of part-time physicians. Temporary vacancies in health officer positions and the employment of nonmedical health officers accounted for the physician deficiencies in a large number of units.

AVAILABILITY OF CLINICAL FACILITIES AND PUBLIC HEALTH SERVICES

The availability of public health services and facilities is another significant index of the resources of the community for protecting the health of its citizens. Of utmost importance in community-wide health protection are the clinical centers of specialized types and the personal health services provided with or without the use of established clinical facilities.

A complete inventory of the facilities and services available to residents of the areas served by full-time health organizations is not recorded in the Report of Public Health Personnel, Facilities, and Services. Rather, data are requested only on types of facilities and services of current importance to program divisions of the Public Health Service in program planning and evaluation. For the most part, community health resources information requested on the current report form involves the newer concepts of public health; therefore, the report comprises items which are not universally included in local health programs. Determination of the extent of availability of selected facilities and services among reporting health organizations is one of the significant uses of the reported data.

Facilities and services reported are those made available to individuals on a free or part-pay basis through agencies located within the reporting health jurisdictions. Data are included for three types of agencies; namely, the official health agency, other official agencies, and voluntary agencies engaged in public health activities. Information was not requested on facilities and services available to residents of the reporting health jurisdiction through arrangement with either an official or voluntary agency located in an adjacent area.

Extensive data were reported for 1950 on selected types of clinical centers and health services. It is impossible to discuss all these data in the text of this report. Only the highlights were selected for discussion here. For those persons interested in detailed information on a State basis, several tables have been included for reference purposes in the Appendix.

Clinical Facilities

The operation of various kinds of clinical facilities is an important service rendered by local health agencies. The core of many disease control programs lies in the full utilization of clinical facilities to permit early detection and diagnosis. It is sometimes necessary to provide treatment for a disease through community clinical facilities because of its significance to the welfare or health of the community as a whole.

Table 16 contains a summarization of the number and percent of health jurisdictions having selected clinical facilities and shows the distribution of such facilities among the various types of health organizations. As shown in this table, the availability of clinical services among the four types of health organizations varied greatly. The data point up the fact that, generally, health departments serving metropolitan areas have

Table 16.--Number and Percent of Reporting Health Jurisdictions, by Type of Health Organization, Having Designated Clinical Centers Operated by Official Health Agencies, Other Official Agencies, or Voluntary Agencies
December 31, 1950

Clinical center	All types of organizations		Type of health organization							
			Single county		City		Local health district		State health district (Actual service)	
	Number with clinics	Percent of total reporting 1/	Number with clinics	Percent of total reporting 1/	Number with clinics	Percent of total reporting 1/	Number with clinics	Percent of total reporting 1/	Number with clinics	Percent of total reporting 1/
Cancer diagnostic (and treatment)	473	39.6	276	41.1	112	63.6	68	22.8	17	36.2
Cardiovascular	160	13.4	68	10.1	73	41.5	13	4.4	6	12.8
Diabetes	164	13.7	71	10.6	72	40.9	18	6.0	3	6.4
Mental hygiene	338	28.3	162	24.1	113	64.2	34	11.4	29	61.7
Tuberculosis										
All types	957	80.2	545	81.1	144	81.8	233	78.2	35	74.5
Collapse therapy for nonhospitalized patients	558	46.8	325	48.4	97	55.1	112	37.6	24	51.1
Venereal disease	904	75.8	535	79.6	132	75.0	206	69.1	31	66.0
Maternal and child health										
Maternity	709	59.4	394	58.6	122	69.3	170	57.0	23	48.9
Well-child	897	75.2	471	70.1	157	89.2	224	75.2	45	95.7
Pediatric	334	28.0	165	24.5	109	61.9	50	16.8	10	21.3
Crippled children (general)	747	62.6	422	62.8	125	71.0	159	53.4	41	87.2
Special rheumatic fever and cardiac	248	20.8	112	16.7	87	49.4	33	11.1	16	34.0
Special cerebral palsy	244	20.4	129	19.2	79	44.9	26	8.7	10	21.3
Epilepsy	123	10.3	63	9.4	44	25.0	11	3.7	5	10.6
Special otological	219	18.4	119	17.7	69	39.2	27	9.1	4	8.5

1/ Reports were received from a total of 1,193 health organizations, of which 672 were single county organizations, 176 were city health departments, 298 were local health districts, and 47 were State health districts (actual service).

a larger resource of hospital facilities and trained specialists to draw on for specialized clinical services than those serving primarily rural areas.

Except for well-child, crippled children's, and venereal disease centers, city health departments show a much higher proportion with clinics than that shown for any other type of organization. State health districts had the highest percentage of well-child centers and crippled children's clinics. These centers were available in 96 and 87 percent, respectively, of the State health districts. Comparable percentages for city health departments were 89 and 71, respectively. Venereal disease clinical facilities were more frequently reported by single county organizations. About 80 percent of the reporting organizations of that type indicated the presence of venereal disease centers. The proportion of single county organizations reporting tuberculosis clinics was almost as high as that shown for city health departments. Slightly more than 80 percent of the city and of the single county type of organization had tuberculosis clinical facilities. The proportion of reporting jurisdictions with clinics for the cardiovascular diseases, for diabetes, and for epilepsy was very low except in areas served by city health departments.

Table 17, a companion to table 16, summarizes the number of clinical centers reported, according to type of agency operating the facility and the frequency of clinic sessions.

Cancer clinics for diagnosis (and treatment), available in nearly 40 percent of the reporting health jurisdictions, were located in 41 States and the District of Columbia. Each center had a clinical staff which met at stated intervals and acted in a consultative and diagnostic capacity in relation to cancer patients or examinees. A total of 740 cancer clinics was reported in operation in 473 health jurisdictions as of December 1950. A true comparison cannot be made with the number reported in 1949 because of a change in the item of the report pertaining to clinics of this type. The cancer clinics were more frequently sponsored by voluntary agencies than by official health agencies, although there was an increase in 1950 over 1949 in the number of such clinics operated by official health agencies. Cancer clinic sessions were most frequently held on a weekly basis, regardless of the type of agency administering the clinics.

Only 13 percent of the reporting health jurisdictions indicated the availability of clinical facilities for cardiovascular patients. Reporting instructions specified that a clinic of this type must have (1) a physician in attendance with special training or experience in cardiovascular disease, (2) a registered nurse, (3) public health nursing and medical social services available, and (4) special diagnostic equipment and facilities, including clinical laboratory facilities available for adequate patient examination. There were 160 health jurisdictions with such centers, located in 33 States and the District of Columbia. Cardiovascular clinical centers in operation by the end of 1950 numbered 441, as compared to 340 in midyear of 1949. The majority of the cardiovascular clinics--280 in 83 jurisdictions--were administered by voluntary agencies. Only 36 of the clinical centers of this type were sponsored by official health agencies in 28 jurisdictions

Table 17.--Number of Clinical Centers of Designated Types Operated by Official Health Agencies, Other Official Agencies, and Voluntary Agencies, by Frequency of Clinic Sessions, and Number of Health Jurisdictions with Designated Clinical Centers Operated by Each Type of Agency: December 31, 1950

Clinical center	Total number of clinical centers operated by all agencies	Number of centers, by type of sponsoring agency and frequency of clinic sessions									Number of jurisdictions with clinical centers operated by--1/		
		Official health agencies			Other official agencies			Voluntary agencies					
		Weekly	Monthly	Less often than monthly	Weekly	Monthly	Less often than monthly	Weekly	Monthly	Less often than monthly	Official health agencies	Other official agencies	Voluntary agencies
Cancer diagnostic (and treatment)	740	145	42	32	104	34	6	287	74	16	193	121	210
Cardiovascular	441	30	3	3	112	11	2	259	14	7	28	79	83
Diabetes	394	53	3	9	86	11	9	204	11	8	40	82	68
Mental hygiene	586	83	50	17	136	66	41	162	19	12	112	160	104
Tuberculosis													
All types	2,165	745	423	402	279	43	20	185	43	25	775	243	157
Collapse therapy for nonhospitalized patients	796	316	79	19	222	21	5	115	13	6	315	199	89
Venereal disease	2,029	1,630	92	19	108	7	-	167	3	3	865	86	42
Maternal and child health													
Maternity	2,123	820	783	41	133	21	7	274	37	7	573	116	129
Well-child	4,957	1,752	2,011	720	52	36	40	235	97	14	838	47	116
Pediatric	786	155	122	39	134	20	15	255	28	18	128	129	142
Crippled children (general)	1,138	37	129	348	141	75	186	159	45	18	360	324	124
Special rheumatic fever and cardiac	405	44	48	18	68	26	23	143	29	6	90	102	98
Special cerebral palsy	305	16	19	36	38	32	29	82	31	22	65	87	113
Epilepsy	168	10	11	12	33	9	15	54	9	14	31	54	45
Special otological	421	18	33	75	71	14	39	143	13	15	100	89	67

1/ A total of 1,193 health jurisdictions submitted the Report of Public Health Personnel, Facilities, and Services as of December 31, 1950. In some jurisdictions clinical centers were operated by more than one type of agency, in which case the jurisdiction is counted under each type of sponsoring agency. Refer to Table 16 for unduplicated total of jurisdictions with a particular type of clinic.

throughout the country. The remaining 125 clinical centers were administered by other official agencies in 79 health jurisdictions. These clinics were generally operated on a weekly basis.

Diabetes clinics were reported by about 14 percent of the reporting health jurisdictions. These centers have (1) the services of a physician with special training or experience in diabetes, (2) access to laboratory facilities for examining blood and urine, (3) nursing and dietetic services for patient education, and (4) public health nursing services for home follow-up. The 164 health jurisdictions which reported diabetes clinical centers were located in 37 States and the District of Columbia. A total of 394 clinical centers was in operation as of December 1950, as against 341 in 1949. Only 29 clinical centers for diabetes were operated by official health agencies in 1949, whereas 65 were operated by such agencies at the end of 1950. However, voluntary agencies sponsored 223 of the diabetes clinics reported, such agencies continuing to dominate in the administration of this service. Diabetic clinics were generally held on a weekly basis by all types of agencies.

Mental hygiene clinics were available in 28 percent of the reporting health jurisdictions, as compared to 24 percent in 1949. This type of clinic includes child guidance centers as well as psychiatric centers. Each center, for reporting purposes, must be staffed by at least the following basic personnel: a psychiatrist, a clinical psychologist, and a psychiatric social worker. There were 338 health jurisdictions which reported this type of clinical facility in 1950, as compared to 292 jurisdictions in 1949. Clinical centers reported in 1950 numbered 586 as compared to 533 in 1949. However, in 1949 clinics held less frequently than monthly were not included in the reported data. About two-thirds of the reported mental hygiene centers operated on a weekly basis. This type of clinical facility was predominantly provided through other official agencies and voluntary agencies. However, there was an increase of 42 over 1949 in the number of such centers sponsored by official health agencies. About one-third of the 586 mental hygiene clinics were located in the States of New York and California. However, a total of 42 States and the District of Columbia each had at least one health jurisdiction with this type of clinical facility operating.

Data were collected for all types of tuberculosis clinics, as a group, and for collapse therapy centers, separately. Eighty percent of the reporting jurisdictions indicated the presence of some type of tuberculosis clinic. Such centers were reported more frequently than any of the other types of clinical facilities included in the report. These centers included case finding, diagnostic, follow-up, and general chest clinics, as well as those providing collapse therapy only. A tuberculosis clinic is one which has (1) a physician in charge but not necessarily in attendance at all clinic hours, (2) conveniently accessible X-ray equipment (or fluoroscope), and (3) an established arrangement for provision of necessary laboratory examinations of sputa. A total of 2,165 such clinical centers were reported by 957 health jurisdictions. Of this total, 1,209 held sessions at least weekly, and an additional 509 held sessions at least monthly. More than two-thirds of these centers were operated by official health agencies. Only a little more than 10 percent were operated by voluntary agencies.

Excluding from consideration Vermont, only two States did not have a single health jurisdiction reporting this type of clinical service available on a free or part-pay basis. These data illustrate how widely this service has been accepted as a part of the local health program. No comparison can be made between the number of tuberculosis clinical facilities reported in 1950 with those reported in 1949, since the items of information requested on the two reports were not the same.

The number of clinical centers providing tuberculosis collapse therapy for nonhospitalized patients totaled 796. There were 558, or 47 percent, of the reporting health units which indicated the operation of such clinical centers. Only four States, exclusive of Vermont, had no health jurisdiction with this clinical service available. More than half the collapse therapy centers were sponsored by official health agencies, almost one-third by other official agencies, and the remainder by voluntary agencies. Clinic sessions were most frequently reported as held on a weekly basis, regardless of the type of sponsoring agency. There was a gain of 79 in the number of clinical centers providing collapse therapy in 1950 as compared to 1949 data.

About 76 percent of the reporting health units indicated the availability of public health clinical facilities for the diagnosis and treatment of venereal diseases. The 2,029 clinical centers were distributed among 45 States and the District of Columbia. Comparison with 1949 data can be made only for centers holding clinic sessions at least weekly, since only these were reported in 1949. The number of such centers reported in 1950 represents a reduction of 106 from the number reported in 1949. Only about 5 percent of the venereal disease centers scheduled clinic sessions less frequently than weekly. This type of clinical facility is infrequently administered by official agencies other than health or by voluntary agencies.

A wide variety of clinical facilities available to mothers, infants, and children was reported. The maternal-child health field is one of the most important functions of the health department. Data reveal, however, that the more specialized types of clinical services in this health field were available only in a small percentage of the reporting health jurisdictions.

Fifty-nine percent of the reporting health units indicated that maternity clinics were available. The 709 jurisdictions which so reported represent an increase of 40 over the number reporting such clinical service available in 1949. A total of more than 2,100 maternity centers was reported, of which 1,644 were sponsored by official health agencies. There were six States, exclusive of Vermont, in which no maternity clinics were reported by full-time local health units. Clinic sessions were held on a monthly basis almost as frequently as on a weekly basis when the sponsorship of the clinical center was under the official health agency. When the clinic was sponsored by some other official agency or by a voluntary agency, clinic sessions were far more frequently scheduled weekly than monthly.

Well-child centers were available in 897, or 75 percent, of the reporting health jurisdictions, and the total reported was 4,957. This number was more than double that of any other clinical facility reported. The well-child

centers were preponderantly administered by official health agencies, c either a weekly or monthly basis. Exclusive of Vermont which has no lo health units, Wyoming was the only State in which this type of clinical center was not reported. In 13 States and the District of Columbia all health organizations submitting the report indicated the presence of we child centers. Through periodic check-ups on child growth and developm the well-child conference provides protection for children not under th care of a private physician.

Diagnostic and treatment facilities for sick children, reported as pediatric clinics, were less commonly available than the other general maternal and child health centers. Only 28 percent of the reporting hea jurisdictions indicated that pediatric clinics were available. This rep sents a very slight increase over 1949 in the number of jurisdictions reporting this facility. There were 786 clinical centers rendering ped services as of December 31, 1950, as compared to 827 in 1949. However, these data are not strictly comparable, since many specialized types of treatment clinics were reported collectively under this category in 194 but were reported individually in 1950. Also, clinics held less freque than monthly were not requested in the count of clinics for 1949 but wer reported in 1950. When sponsored by the official health agency, pediatr clinics were held almost as frequently on a monthly as on a weekly basi but when sponsored by other official or voluntary agencies, they were usually held on a weekly basis. Local health departments sponsored 316 or less than half the total number of clinical centers of this type. A additional 301 centers were administered by voluntary agencies. Only 169 centers of this type were sponsored by other official agencies.

Crippled children's clinics of a general character were available 63 percent of the reporting health jurisdictions. There were 747 repor health jurisdictions in which organized clinical facilities were availa to provide diagnostic and treatment services to crippled children under 21 years of age. These jurisdictions reported a total of 1,138 centers were distributed throughout all States from which reports were received except two. Comparison with 1949 data is not possible because of a cha made in the reporting of this item for 1950. The scheduling of clinic sessions varied somewhat among the three types of sponsoring agencies. When the center was operated by the health department, clinic sessions often were scheduled less frequently than monthly. In contrast, when c ters were operated by voluntary agencies, the clinic sessions were held frequently on a weekly basis. Official health agencies sponsored 45 pe cent of the crippled children's clinics, other official agencies 36 per and voluntary agencies 19 percent.

There were 248 health jurisdictions, or 21 percent of those report which indicated the availability of special rheumatic fever and cardiac clinics for children under 21 years of age. These units had 405 such c ters, primarily administered by voluntary agencies and official agencie other than health. While information on this type of clinic was reques in 1949 only on those centers holding sessions at least monthly, appare there was little change in the number of centers between 1949 and 1950, they were more widely distributed among the reporting health jurisdicti

in 1950 than in 1949. Clinics sponsored by voluntary agencies and other official agencies were most frequently operated on a weekly basis. The reported centers were concentrated in California, Michigan, Pennsylvania, New York, and New Jersey.

Special cerebral palsy clinics were reported by 244 health jurisdictions, or 20 percent of total units reporting. There were 305 such centers, of which only 71 were sponsored by health departments. Comparable data reported for 1949 on centers which held sessions at least monthly--the only data requested for that year--indicate a sizeable gain in number of clinical centers for cerebral palsy. Clinic sessions were held on a weekly basis most frequently when the clinic was sponsored by a voluntary agency.

Only 10 percent of reporting health jurisdictions indicated the presence of clinics organized to provide diagnostic and treatment services for children under 21 years of age with convulsion disorders. There were 168 such centers primarily sponsored by other official and voluntary agencies.

About 18 percent of the reporting health jurisdictions indicated that special otological clinical services were available for the diagnosis and treatment of children under 21 years of age with hearing loss. There were 421 such centers, primarily sponsored by other official and voluntary agencies. The scheduling of clinic sessions varied, depending on the type of sponsoring agency. When sponsored by other official and voluntary agencies, clinics were more often held weekly, but when sponsored by official health agencies, they were usually held less frequently than monthly.

Public Health Services

In addition to services generally provided through public health clinical centers, a variety of other services were available to residents of reporting health jurisdictions, on a free or part-pay basis, with or without the use of clinical facilities. A summarization of specific services available through some facility located within a reporting jurisdiction is shown in table 18, arranged according to the type of health organization of the area in which the service was provided. Table 19 features the type of agency sponsoring the service, giving the number and percent of jurisdictions reporting service provided by the official health agency, other official agencies, or voluntary agencies. Additional data on services, on a State basis, are included in the tabular presentations shown in the Appendix.

As mentioned earlier, services rendered through an agency outside a reporting health jurisdiction were not reported, even though arranged on a regular or contractual basis. Also, data on hospital services were not requested in 1950 as was done in previous years.

Eighty-nine percent, or 1,057 of the reporting health jurisdictions indicated the availability of X-ray facilities for case finding in the tuberculosis control program. Since this service was included on the report form for the first time in 1950, comparable data for earlier years are not available. This service was the most universally provided of any

Table 18.--Number and Percent of Reporting Health Jurisdictions, by Type of Health Organization, Having Designated Health Services Provided by Official Health Agencies, Other Official Agencies, or Voluntary Agencies
December 31, 1950

Health service	All types of organizations		Type of health organization							
			Single county		City		Local health district		State health district (Actual service)	
	Number with service	Percent of total reporting 1/	Number with service	Percent of total reporting 1/	Number with service	Percent of total reporting 1/	Number with service	Percent of total reporting 1/	Number with service	Percent of total reporting 1/
Chest X-rays for tuberculosis case finding	1,057	88.6	578	86.0	166	94.3	269	90.3	44	93.6
Corrective services (children)										
Vision	818	68.6	454	67.6	146	83.0	186	62.4	32	68.1
Dental	741	62.1	393	58.5	147	83.5	160	53.7	41	87.2
Hearing	566	47.4	300	44.6	129	73.3	110	36.9	27	57.4
Venereal disease treatment by private physicians	416	34.9	219	32.6	73	41.5	92	30.9	32	68.1
Bedside nursing care	408	34.2	165	24.6	151	85.8	59	19.8	33	70.2
Topical fluoride application	326	27.3	154	22.9	72	40.9	70	23.5	30	63.8
Diabetic group instruction	89	7.5	42	6.2	38	21.6	9	3.0	-	0.0

1/ Reports were received from a total of 1,193 health organizations, of which 672 were single county organizations, 176 were city health departments, 298 were local health districts, and 47 were State health districts (actual service).

Table 19.--Number and Percent of Health Jurisdictions Having Designated Types of Health Services Provided by Official Health Agencies, Other Official Agencies, and Voluntary Agencies[1/]
December 31, 1950

Health service	Total jurisdictions with service		Number and percent of jurisdictions with service provided by each type of agency					
			Official health agencies		Other official agencies		Voluntary agencies	
	Number	Percent	Number of jurisdictions	Percent of total reporting service	Number of jurisdictions	Percent of total reporting service	Number of jurisdictions	Percent of total reporting service
Chest X-rays for tuberculosis case finding	1,057	88.6	840	79.5	225	21.3	359	34.0
Corrective services (children)								
Vision	818	68.6	274	33.5	313	38.3	450	55.0
Dental	741	62.1	487	65.7	227	30.6	197	26.6
Hearing	566	47.4	236	41.7	250	44.2	225	39.8
Venereal disease treatment by private physicians	416	34.9	345	82.9	75	18.0	39	9.4
Bedside nursing care	408	34.2	183	44.9	33	8.1	274	67.2
Topical fluoride application	326	27.3	224	68.7	94	28.8	47	14.4
Diabetic group instruction	89	7.5	33	37.1	25	28.1	46	51.7

1/ A total of 1,193 health jurisdictions submitted the Report of Public Health Personnel, Facilities, and Services as of December 31, 1950.

of the services for which data were collected as of December 31, 1950. X-ray service was predominantly made available through the official health agency. However, there were 359 jurisdictions--34 percent of those reporting service of this type--in which a voluntary agency provided service. Generally, it may be presumed that this latter group represented services performed by tuberculosis associations.

Some type of corrective service for children was available in more than two-thirds of the reporting health jurisdictions. Data reported for 1950 on corrective services for children reflected little change over that reported for 1949. Vision correction was provided in 69 percent of the reporting health jurisdictions. This service, which includes provision of glasses as well as medical treatment, was most frequently made available through voluntary agencies or through other official agencies of government, such as the department of education. Health departments sponsored the corrective services in only one-third of the jurisdictions reporting such services.

Dental corrective services for school children were provided in slightly fewer areas than visual services; 62 percent of the local health units indicated the provision of corrective services for dental defects. Such services include extractions, fillings, treatment of oral infections, and orthodontia, in addition to prophylaxis. The official health agency provided the dental services in nearly two-thirds of the jurisdictions indicating availability of service.

Corrective services for hearing impairments, which include provision of hearing aids as well as medical treatment, were less frequently reported as available than were the other corrective services. Only 47 percent of the reporting jurisdictions indicated provision of such services. The frequency of sponsorship was quite evenly distributed among the three types of sponsoring agencies.

Approximately 35 percent of the reporting health jurisdictions in 1950 indicated that arrangements had been made with private physicians in the community for the treatment of venereal disease on a case-by-case basis. The comparable percentage for 1949 was 21. These services were predominantly arranged for through the official health agency, but in 75 jurisdictions arrangements were made through other official agencies, and in 39 areas through voluntary agencies. These data indicate that arrangement for treatment of venereal disease patients is a responsibility of the official health agency rather than of some other agency of government or of a voluntary agency.

Bedside nursing services were available in 34 percent of the reporting health jurisdictions and were generally provided by the official health agency or a voluntary agency. As compared to information reported for 1949, the 1950 data indicate a trend toward official health agency sponsorship of this type of service; however, there has not been general expansion in the availability of this service in reporting health jurisdictions.

Topical fluoride application and diabetic group instruction were new items appearing on the 1950 Report of Personnel, Facilities, and Services. Twenty-seven percent of the total health jurisdictions reported the performance of topical fluoride applications. Less than eight percent indicated that group instruction classes for diabetics were held. Health departments were most frequently the administering agency for applications of sodium fluoride to the teeth, whereas voluntary agencies were most frequently the sponsoring agency for diabetic group instruction.

When the availability of these services was related to the type of health organization of the area served, variations were noted in the prevalence of these services among the four types of organized areas. The proportion of city health departments and State health districts reporting the provision of these selected services generally was much higher than that shown for county health organizations and local health districts. For example, dental corrective services for children were available in 84 percent of reporting city health jurisdictions, in 87 percent of State health districts, but only in 59 percent of the county health organizations and in 54 percent of local health districts (see table 18). A similar picture prevailed for hearing corrective services for children, bedside nursing care, and arrangements for the treatment of venereal disease cases by private physicians. Topical fluoride application was provided in 64 percent of State health districts, in 41 percent of city areas, and in only 23 percent of local health districts and county jurisdictions. Diabetic group-instruction classes were provided primarily in areas served by city health departments.

A factor which may well affect the availability of all these services is the presence or absence of trained and specialized personnel in the area to render the service. Cities are much more likely to have the specialized medical personnel and necessary facilities than are rural areas.

COMMUNITY SANITATION FACILITIES AND SERVICES

Although community health programs undergo continuous change and development, the provision of sanitation services continues as one of the most important functions of local health programs. As mentioned previously with respect to medical facilities and services, the Report of Public Health Personnel, Facilities, and Services does not provide a complete picture of resources and activities. This likewise is true in the field of sanitation, information being requested only on three important segments of the sanitation program, each of which is discussed here separately. Pasteurization of all milk sold for public consumption and approved water supplies, sewerage systems, refuse collection service, and refuse disposal systems have long been recognized as desirable sanitation goals in the community. More recently, the training of food handlers in the sanitary handling of food has become an important part of the community sanitation program. Attempt was made in the report form for 1950 to collect enough data in each of these fields to indicate the extent to which such sanitation services are available to the people residing in areas reporting full-time local health service.

Pasteurization of milk safeguards the community from milk-borne diseases. Information as to the extensiveness of this practice throughout the country has not been collected by the Public Health Service for several years. This report requested local health units to indicate the total gallons of market milk sold in the area, exclusive of that sold to processing plants for the manufacture of dairy products. Information was also requested on the number of gallons of market milk pasteurized in the area. Table 20 shows that 100 percent of market milk was pasteurized in 37 percent of the reporting health organizations. An additional 42 percent of the organizations reported that between 80 and 99 percent of the milk supply was pasteurized. Only 2 percent of all organizations indicated that less than 30 percent of the market milk supply was pasteurized. Ninety-two of the reporting organizations failed to provide satisfactory information. These data indicate that pasteurization of milk in areas having full-time local health service is relatively extensive, but as yet there are many localities in which milk is sold for public consumption without this protection.

In five States and the District of Columbia, all reporting health units indicated pasteurization of 100 percent of the market milk consumed. In ten States, located primarily in the south central and southeastern sections of the United States, a large percentage of health jurisdictions reported pasteurization of less than 30 percent of their market milk. Of 19 organizations reporting less than 30 percent or none of the market milk supply pasteurized, 12 were county health organizations, and 6 were local health districts. The remaining unit was a city health department.

Information was requested as to the nonfarm population served by approved water supplies. Approval in this instance was based upon State standards and regulations as applied in each State. The reports of 1,193 local health organizations revealed that 94 percent of the total nonfarm population residing in these areas was served by approved water supplies. In 40 percent of the health jurisdictions, all the population was served by

Table 20.--Percent of Market Milk Pasteurized, Arranged in Percentage Groups, Showing Number and Percent of Full-Time Health Organizations of Each Type Represented in the Various Groups
December 31, 1950

Percentage group	Total organizations		Single county		City health departments		Local health districts		State health districts (actual service)	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Totals	1,193	100.0	672	100.0	176	100.0	298	100.0	47	100.0
None	7	0.6	5	0.8	1	0.6	1	0.3	-	-
1 - 29	12	1.0	7	1.0	-	-	5	1.7	-	-
30 - 79	131	11.0	76	11.3	2	1.1	52	17.4	1	2.1
80 - 99	505	42.3	311	46.3	24	13.7	142	47.7	28	59.6
100	446	37.4	228	33.9	131	74.4	73	24.5	14	29.8
Data unsatisfactory	92	7.7	45	6.7	18	10.2	25	8.4	4	8.5

water supplies meeting State standards and regulations (see table 21). In 37 percent of the jurisdictions, between 80 and 99 percent of the population was served by approved water supplies. There were 94 health jurisdictions, or 8 percent of those reporting, which indicated that none of their nonfarm population was served by approved water supplies. Sixteen organizations failed to submit satisfactory data.

With respect to information requested on the nonfarm population served by approved sewage works, State standards of approval again applied, but there was some confusion as to whether this item should or should not include some approved method of treatment. The data received indicate that approved sewage treatment was not uniformly considered as necessary for reporting of this item. Therefore, it should be assumed that the data reflect only the presence of an approved sewerage system, although several jurisdictions may have failed to report because there were no treatment facilities in the area. Data reported indicate that 82 percent of the nonfarm population of reporting jurisdictions was served by approved sewage facilities. It is suggested that the pertinent data presented in table 21 be considered in the light of probable misinterpretations of instructions. (More accurate data should be available in the next report, since definitions have been improved and information on treatment facilities and sewerage systems is requested separately.) In 19 percent of the jurisdictions, all the population was served by such facilities. In 23 percent of the jurisdictions, between 80 and 99 percent of the nonfarm population was served by approved sewage facilities. Forty-three percent of the jurisdictions, or 512, reported that some of the population in the area was served by approved sewage works, but the percentage was below 80 percent. About 14 percent of the reporting organizations indicated that none of their nonfarm population was served by such facilities. Seventeen organizations failed to submit satisfactory data.

State standards applied in the reporting of nonfarm population served by approved refuse collection and disposal systems. Again, there was some question as to whether both the collection system and disposal system must be of an approved type. (This item also has been clarified in the report form for 1951.) It appears that 83 percent of the nonfarm population residing in reporting health jurisdictions was served by approved refuse collection and disposal systems. The results of reporting of this service are shown in table 21. All of the population was served by such systems in 29 percent of the reporting jurisdictions. In 21 percent of the health jurisdictions, between 80 and 99 percent of the nonfarm population was served by approved facilities for refuse collection and disposal. There were 213 health units, or 18 percent of reporting units, which indicated none of their nonfarm population served by approved facilities of this type. Thirty-four organizations failed to submit satisfactory information for this item.

Training courses developed to instruct food handlers in proper sanitation procedures are considered an important part of the community sanitation program. The number of food handlers on duty on the day the report was completed and the number who had attended training courses during the year was requested for 1950. Because of turnover in personnel, it was possible for more persons to be trained than were on duty at the time of completion of

Table 21.--Percent of Nonfarm Population Served by Designated Approved Sanitation Facilities, Arranged in Percentage Groups, Showing Number and Percent of Full-Time Health Organizations Represented in Each Group for Each Type of Facility
December 31, 1950

Percentage group	Number and percent of organizations with designated type of approved facility					
	Water supply		Sewage works		Refuse collection and disposal systems	
	Number	Percent	Number	Percent	Number	Percent
None	94	7.9	161	13.5	213	17.9
1 - 29	14	1.2	70	5.9	35	2.9
30 - 79	148	12.4	442	37.0	311	26.1
80 - 99	445	37.3	279	23.4	250	21.0
100	476	39.9	224	18.8	350	29.3
Data unsatisfactory	16	1.3	17	1.4	34	2.8

the report. Analysis of these data revealed that 55 percent of the reporting organizations indicated no training program in operation (see table 22). Only four percent of the organizations reported that 80 percent or more of the food handlers had received training. Satisfactory information on this item was not made available by nearly 100 of the reporting units. It seems apparent that this important protective measure is not being sufficiently utilized to produce a favorable proportion of food handlers trained in sanitation techniques.

Table 22.--Percent of Food Handlers Attending Food Sanitation Training Courses during the Year, Arranged in Percentage Groups, Showing Number and Percent of Full-Time Health Organizations of Each Type Represented in Each Group
December 31, 1950

Percentage group	Total organizations		Single county		City health departments		Local health districts		State health districts (actual service)	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Totals	1,193	100.0	672	100.0	176	100.0	298	100.0	47	100.0
None	652	54.6	382	56.9	78	44.3	178	59.7	14	29.8
1 - 29	268	22.5	152	22.6	46	26.2	57	19.1	13	27.7
30 - 79	124	10.4	66	9.8	22	12.5	32	10.7	4	8.5
80 - 99	30	2.5	16	2.4	4	2.3	10	3.4	-	-
100	20	1.7	13	1.9	2	1.1	5	1.7	-	-
Data unsatisfactory	99	8.3	43	6.4	24	13.6	16	5.4	16	34.0

SUMMARY

The goal toward which all public health workers are striving is complete coverage of the Nation by full-time local health organizations staffed and equipped to provide well-rounded public health services to all people. While some progress is being made in this direction, much remains to be accomplished before that goal is reached. First, approximately half the counties in the United States are unorganized for full-time local public health services. About one-fourth of the population reside in these counties. Many of the unorganized areas can support only the district type of health unit. This factor in itself retards organization of health departments because of the multiplicity of governmental units which must agree before a functioning health department can be established. Second, it is obvious that a comprehensive public health program can be operated only if personnel and facilities are available.

Existing full-time health organizations are exceedingly understaffed. Minimum staffing needs of reporting units approximate an additional 1,000 public health physicians, 10,000 nurses, 16,000 sanitation workers, and 1,400 clerical employees. Over and above meeting these requirements, the staffing of newly organized areas would require a very sizable number of workers. The Korean situation, defense mobilization, and assistance to foreign governments have all made demands upon public health workers. Nevertheless, some units show progress in staff expansion between June 1949 and December 1950.

The availability of adequate public health medical facilities is another important need of local health organizations. Certain facilities and services considered basic by most public health officials are not yet included in the program of many health departments. In several of the newer public health fields, the official health agency has not undertaken leadership in sponsoring clinical services and facilities, but has depended upon other official agencies or voluntary agencies to supply services. Coordination of the work of these agencies in the community should at least be assumed as a responsibility by the health department, since they make a significant contribution to the public health program.

With respect to sanitation activities even of the most basic types, too many health departments indicate gaps in essential services. It appears that the time-tested concept of pasteurization of milk has been widely but not yet universally accepted. Approved community sanitation facilities and services are available to the nonfarm population in a great many areas, but are not available in all. The training of food handlers in proper sanitation techniques is included as a health department function in relatively few areas, even though modern science indicates that many public health problems arise from food contaminated during preparation or at the time of serving in public eating establishments.

Notwithstanding the fact that noticeable advancement has been made in local public health services in recent years, further progress in the development of adequate, widespread services is dependent on the establishment of new local health organizations and the strengthening of existing health departments, including extension in the scope of services and development of more adequate staffs. There yet are many areas in which essential public health facilities and services are unavailable, or are inadequate for an effective community health program.

Table 23.--Number of Jurisdictions in Each State Reporting Cancer Diagnostic and Treatment Clinical Centers Operated by Official Health Agencies, Other Official Agencies, and Voluntary Agencies, and Number of Such Centers Reported, According to Frequency of Clinic Sessions Scheduled by Each Type of Agency
December 31, 1950

State	Total (all agencies)		Number of jurisdictions with clinical centers operated by each type of agency 1/			Number of centers, by type of sponsoring agency and frequency of clinic sessions								
						Official health agencies			Other official agencies			Voluntary agencies		
	Jurisdictions with clinical centers	Number of centers	Official health agencies	Other official agencies	Voluntary agencies	Weekly	Monthly	Less often than monthly	Weekly	Monthly	Less often than monthly	Weekly	Monthly	Less often than monthly
Totals	473	740	193	121	210	145	42	32	104	34	6	287	74	16
Alabama	65	73	64	5	-	63	3	-	4	1	2	-	-	-
Arizona	3	3	-	2	1	-	-	-	1	1	-	1	-	-
Arkansas	6	7	-	6	-	-	-	-	-	7	-	-	-	-
California	27	55	1	18	14	-	-	1	15	4	-	27	8	-
Colorado	5	6	-	2	4	-	-	-	2	-	-	3	1	-
Connecticut	8	15	-	1	8	-	-	-	1	-	-	9	5	-
Delaware	3	4	2	-	2	-	-	2	-	-	-	1	1	-
District of Columbia	1	2	1	-	-	2	-	-	-	-	-	-	-	-
Florida	18	26	12	6	1	10	5	1	4	5	-	-	1	-
Georgia	20	27	9	9	2	12	-	1	7	2	-	5	-	-
Idaho	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Illinois	17	37	-	2	15	-	-	-	1	1	-	32	3	-
Indiana	2	2	-	1	1	-	-	-	1	-	-	-	1	-
Iowa	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Kansas	9	16	-	3	8	-	-	-	1	2	-	3	10	-
Kentucky	33	41	32	-	3	8	4	24	-	-	-	5	-	-
Louisiana	5	5	2	2	1	1	1	-	1	1	-	1	-	-
Maine	6	10	-	-	6	-	-	-	-	-	-	5	5	-
Maryland	20	23	18	2	1	1	19	-	1	-	1	-	1	-
Massachusetts	6	19	-	3	5	-	-	-	3	-	-	16	-	-
Michigan	17	21	1	1	16	1	-	-	1	-	-	12	1	6
Minnesota	2	3	-	2	1	-	-	-	2	-	-	-	1	-
Mississippi	4	4	4	-	-	4	-	-	-	-	-	-	-	-
Missouri	4	9	2	-	3	1	-	1	-	-	-	6	1	-
Montana	1	1	-	-	1	-	-	-	-	-	-	1	-	-
Nebraska	3	4	1	1	2	-	-	1	1	-	-	2	-	-
Nevada	1	1	-	-	1	-	-	-	-	-	-	1	-	-
New Hampshire	-	-	-	-	-	-	-	-	-	-	-	-	-	-
New Jersey	20	26	2	3	18	2	-	-	3	-	-	16	4	1
New Mexico	1	1	-	-	1	-	-	-	-	-	-	-	1	-
New York	28	86	7	4	23	10	2	-	11	-	-	54	9	-
North Carolina	17	20	8	3	7	9	-	-	3	-	-	7	1	-
North Dakota	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ohio	27	45	5	6	21	3	5	-	5	-	1	21	9	1
Oklahoma	8	8	3	4	1	3	-	-	3	-	1	-	-	1
Oregon	5	8	-	2	3	-	-	-	3	1	-	-	-	-
Pennsylvania	2	31	1	-	2	1	-	-	-	-	-	30	-	-
Rhode Island	-	-	-	-	-	-	-	-	-	-	-	-	-	-
South Carolina	9	10	4	4	1	4	-	-	5	-	-	1	-	-
South Dakota	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tennessee	9	13	2	5	5	2	-	-	5	-	-	6	-	-
Texas	14	21	3	7	6	3	-	-	8	-	-	10	-	-
Utah	3	4	1	1	3	-	-	-	-	1	-	2	-	1
Vermont*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Virginia	22	25	4	10	9	2	2	-	7	4	1	5	2	2
Washington	8	10	-	1	7	-	-	-	-	3	-	-	7	-
West Virginia	10	11	3	3	4	1	1	1	3	1	-	3	1	-
Wisconsin	3	6	2	2	2	2	-	-	2	-	-	1	1	-
Wyoming	1	1	-	-	1	-	-	-	-	-	-	1	-	-

1/ In some jurisdictions clinical centers were operated by more than one type of agency, in which case the jurisdiction is counted under each type of sponsoring agency. Therefore, the sum of the jurisdictions shown by each type of agency for each State exceeds the total jurisdictions with clinical centers shown in column 1.

* Vermont has no full-time health organizations rendering local health service.

Table 24.--Number of Jurisdictions in Each State Reporting Cardiovascular Clinical Centers Operated by Official Health Agencies, Other Official Agencies, and Voluntary Agencies, and Number of Such Centers Reported, According to Frequency of Clinic Sessions Scheduled by Each Type of Agency
December 31, 1950

State	Total (all agencies)		Number of jurisdictions with clinical centers operated by each type of agency 1/			Number of centers, by type of sponsoring agency and frequency of clinic sessions								
						Official health agencies			Other official agencies			Voluntary agencies		
	Jurisdictions with clinical centers	Number of centers	Official health agencies	Other official agencies	Voluntary agencies	Weekly	Monthly	Less often than monthly	Weekly	Monthly	Less often than monthly	Weekly	Monthly	Less often than monthly
Totals	160	441	28	79	83	30	3	3	112	11	2	259	14	7
Alabama	5	5	3	2	-	1	-	2	2	-	-	-	-	-
Arizona	1	1	-	1	-	-	-	-	1	-	-	-	-	-
Arkansas	-	-	-	-	-	-	-	-	-	-	-	-	-	-
California	18	35	1	14	6	1	-	-	14	2	-	18	-	-
Colorado	2	3	1	2	-	1	-	-	2	-	-	-	-	-
Connecticut	6	11	1	-	6	-	1	-	-	-	-	8	2	-
Delaware	-	-	-	-	-	-	-	-	-	-	-	-	-	-
District of Columbia	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Florida	4	4	1	2	1	-	1	-	2	-	-	1	-	-
Georgia	8	9	2	5	1	2	-	-	3	3	-	1	-	-
Idaho	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Illinois	5	5	1	1	4	1	-	-	1	-	-	3	1	-
Indiana	2	2	-	1	1	-	-	-	1	-	-	1	-	-
Iowa	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Kansas	3	3	1	2	-	1	-	-	1	-	1	-	-	-
Kentucky	3	3	1	2	-	1	-	-	1	1	-	-	-	-
Louisiana	[illegible]													
Maine														
Maryland														
Massachusetts														
Michigan														
Minnesota														
Mississippi														
Missouri														
Montana														
Nebraska														
Nevada														
New Hampshire														
New Jersey														
New Mexico														
New York														
North Carolina														
North Dakota														
Ohio														
Oklahoma														
Oregon														
Pennsylvania														
Rhode Island														
South Carolina														
South Dakota														
Tennessee														
Texas														
Utah														
Vermont*														
Virginia														
Washington														
West Virginia														
Wisconsin														
Wyoming														

1/ In some jurisdictions clinical centers were operated by more than one type of agency, in which case the jurisdiction is counted under each type of sponsoring agency. Therefore, the sum of the jurisdictions shown by each type of agency for each State exceeds the total jurisdictions with clinical centers shown in column 2.

* Vermont has no full-time health organizations rendering local health service.

Table 25.--Number of Jurisdictions in Each State Reporting Diabetes Clinical Centers Operated by Official Health Agencies, Other Official Agencies, and Voluntary Agencies, and Number of Such Centers Reported, According to Frequency of Clinic Sessions Scheduled by Each Type of Agency
December 31, 1950

State	Total (all agencies)		Number of jurisdictions with clinical centers operated by each type of agency 1/			Number of centers, by type of sponsoring agency and frequency of clinic sessions								
						Official health agencies			Other official agencies			Voluntary agencies		
	Jurisdictions with clinical centers	Number of centers	Official health agencies	Other official agencies	Voluntary agencies	Weekly	Monthly	Less often than monthly	Weekly	Monthly	Less often than monthly	Weekly	Monthly	Less often than monthly
Totals	164	394	40	82	68	53	3	9	86	11	9	204	11	8
Alabama	4	4	2	1	1	-	-	2	1	-	-	1	-	-
Arizona	2	2	-	2	-	-	-	-	1	1	-	-	-	-
Arkansas	-	-	-	-	-	-	-	-	-	-	-	-	-	-
California	16	30	1	14	3	-	-	1	14	1	-	14	-	-
Colorado	2	2	-	2	-	-	-	-	2	-	-	-	-	-
Connecticut	4	8	-	-	4	-	-	-	-	-	-	7	1	-
Delaware	-	-	-	-	-	-	-	-	-	-	-	-	-	-
District of Columbia	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Florida	12	37	7	3	2	28	-	-	4	-	3	2	-	-
Georgia	4	5	2	2	1	2	-	-	1	1	-	-	1	-
Idaho	1	1	1	-	-	-	-	1	-	-	-	-	-	-
Illinois	4	5	-	2	3	-	-	-	2	-	-	2	1	-
Indiana	1	1	-	1	-	-	-	-	1	-	-	-	-	-
Iowa	1	1	1	-	-	-	-	1	-	-	-	-	-	-
Kansas	2	2	1	1	-	1	-	-	1	-	-	-	-	-
Kentucky	2	2	1	1	-	1	-	-	1	-	-	-	-	-
Louisiana	3	3	3	-	-	2	1	-	-	-	-	-	-	-
Maine	1	1	-	-	1	-	-	-	-	-	-	1	-	-
Maryland	3	4	1	1	2	1	-	-	1	-	-	2	-	-
Massachusetts	6	18	2	4	3	1	-	1	3	1	-	11	-	1
Michigan	5	12	1	3	2	1	-	-	2	1	-	3	-	5
Minnesota	2	3	-	2	1	-	-	-	2	-	-	-	1	-
Mississippi	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Missouri	4	15	2	2	2	2	1	-	3	-	-	9	-	-
Montana	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nebraska	2	3	1	1	1	-	1	-	1	-	-	1	-	-
Nevada	-	-	-	-	-	-	-	-	-	-	-	-	-	-
New Hampshire	-	-	-	-	-	-	-	-	-	-	-	-	-	-
New Jersey	16	23	1	3	13	1	-	-	2	-	1	15	4	-
New Mexico	-	-	-	-	-	-	-	-	-	-	-	-	-	-
New York	12	99	-	3	12	-	-	-	16	1	-	79	3	-
North Carolina	5	6	2	2	2	1	-	1	2	-	-	2	-	-
North Dakota	2	2	-	1	1	-	-	-	-	-	1	-	-	1
Ohio	9	17	1	5	6	-	-	1	5	-	1	10	-	-
Oklahoma	5	8	2	3	-	5	-	-	3	-	-	-	-	-
Oregon	2	3	-	2	-	-	-	-	2	1	-	-	-	-
Pennsylvania	2	38	1	-	2	1	-	-	-	-	-	37	-	-
Rhode Island	-	-	-	-	-	-	-	-	-	-	-	-	-	-
South Carolina	3	3	-	3	-	-	-	-	3	-	-	-	-	-
South Dakota	1	1	1	-	-	-	-	1	-	-	-	-	-	-
Tennessee	4	6	-	4	1	-	-	-	4	-	-	2	-	-
Texas	8	11	2	5	2	2	-	-	5	-	-	3	-	1
Utah	2	2	-	1	1	-	-	-	-	1	-	1	-	-
Vermont*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Virginia	5	5	1	3	1	1	-	-	2	-	1	1	-	-
Washington	2	4	-	2	-	-	-	-	-	3	1	-	-	-
West Virginia	2	2	1	1	-	1	-	-	-	-	1	-	-	-
Wisconsin	3	5	2	2	1	2	-	-	2	-	-	1	-	-
Wyoming	-	-	-	-	-	-	-	-	-	-	-	-	-	-

1/ In some jurisdictions clinical centers were operated by more than one type of agency, in which case the jurisdiction is counted under each type of sponsoring agency. Therefore, the sum of the jurisdictions shown by each type of agency for each State exceeds the total jurisdictions with clinical centers shown in column 1.

* Vermont has no full-time health organizations rendering local health service.

Table 26.--Number of Jurisdictions in Each State Reporting Mental Hygiene Clinical Centers Operated by Official Health Agencies, Other Official Agencies, and Voluntary Agencies, and Number of Such Centers Reported, According to Frequency of Clinic Sessions Scheduled by Each Type of Agency
December 31, 1950

State	Total (all agencies)		Number of jurisdictions with clinical centers operated by each type of agency 1/			Number of centers, by type of sponsoring agency and frequency of clinic sessions								
						Official health agencies			Other official agencies			Voluntary agencies		
	Jurisdictions with clinical centers	Number of centers	Official health agencies	Other official agencies	Voluntary agencies	Weekly	Monthly	Less often than monthly	Weekly	Monthly	Less often than monthly	Weekly	Monthly	Less often than monthly
Totals	338	586	112	160	104	83	50	17	136	66	41	162	19	12
Alabama	5	6	4	1	-	2	3	-	1	-	-	-	-	-
Arizona	3	3	1	2	-	1	-	-	2	-	-	-	-	-
Arkansas	1	1	-	1	-	-	-	-	1	-	-	-	-	-
California	29	63	4	17	12	1	3	-	24	3	1	29	2	-
Colorado	5	9	3	4	2	2	1	-	3	1	-	1	1	-
Connecticut	8	16	-	3	6	-	-	-	4	-	-	10	2	-
Delaware	4	4	-	4	-	-	-	-	4	-	-	-	-	-
District of Columbia	1	3	1	-	-	3	-	-	-	-	-	-	-	-
Florida	7	8	7	-	-	8	-	-	-	-	-	-	-	-
Georgia	6	8	4	2	-	3	-	3	1	1	-	-	-	-
Idaho	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Illinois	15	21	3	7	6	1	1	1	7	5	-	5	1	-
Indiana	4	4	-	2	2	-	-	-	2	-	-	2	-	-
Iowa	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Kansas	4	4	-	2	2	-	-	-	2	-	-	2	-	-
Kentucky	8	11	7	[illegible]	[illegible]	1	6	-	2	-	-	2	-	-
Louisiana	4	4	-	3	[illegible]	-	-	-	3	-	-	-	1	-
Maine	6	13	5	-	-	2	3	8	-	-	-	-	-	-
Maryland	13	15	12	-	-	12	2	-	-	-	-	1	-	-
Massachusetts	[illegible]	[illegible]	-	[illegible]	[illegible]	-	-	-	3	-	-	[illegible]	-	-
Michigan	26	35	-	18	[illegible]	-	-	-	13	[illegible]	5	[illegible]	[illegible]	3
Minnesota	2	[illegible]	-	[illegible]	[illegible]	-	-	-	2	-	-	1	-	-
Mississippi	[illegible]	[illegible]	[illegible]	-	-	[illegible]	[illegible]	-	-	-	-	-	-	-
Missouri	-	[illegible]	-	-	2	-	[illegible]	-	-	-	-	5	-	-
Montana	[illegible]	[illegible]	-	[illegible]	-	-	-	-	3	-	-	-	-	-
Nebraska	[illegible]	[illegible]	-	[illegible]	-	-	-	-	[illegible]	-	-	-	-	-
Nevada	-	-	-	-	-	-	-	-	-	-	-	-	-	-
New Hampshire	[illegible]	[illegible]	-	-	-	-	-	-	-	-	-	-	-	-
New Jersey	[illegible]	[illegible]	-	-	[illegible]	-	-	-	[illegible]	-	[illegible]	[illegible]	-	-
New Mexico	[illegible]	[illegible]	-	-	-	-	-	-	-	-	-	-	-	-
New York	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	-
North Carolina	[illegible]	[illegible]	[illegible]	2	[illegible]	[illegible]	-	-	-	-	-	-	-	-
North Dakota	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ohio	[illegible]	[illegible]	-	[illegible]	[illegible]	-	-	-	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	-
Oklahoma	[illegible]	[illegible]	-	[illegible]	-	-	-	-	[illegible]	-	-	-	-	-
Oregon	[illegible]	[illegible]	-	[illegible]	[illegible]	-	-	-	[illegible]	-	[illegible]	[illegible]	-	-
Pennsylvania	[illegible]	[illegible]	-	-	-	-	-	-	-	-	-	[illegible]	-	-
Rhode Island	[illegible]	[illegible]	-	-	[illegible]	-	-	-	-	-	-	-	[illegible]	-
South Carolina	[illegible]	[illegible]	-	[illegible]	-	-	-	-	-	-	-	-	-	-
South Dakota	-	[illegible]	-	-	-	-	-	-	-	-	-	-	-	-
Tennessee	-	[illegible]	-	[illegible]	[illegible]	[illegible]	-	-	[illegible]	-	-	[illegible]	-	-
Texas	[illegible]	[illegible]	-	[illegible]	[illegible]	[illegible]	-	[illegible]	[illegible]	-	-	[illegible]	-	-
Utah	[illegible]	[illegible]	-	-	-	-	-	-	-	-	-	-	-	-
Vermont*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Virginia	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	-	-	-	[illegible]	[illegible]	[illegible]	-	-	-
Washington	[illegible]	[illegible]	[illegible]	[illegible]	-	[illegible]	[illegible]	-	[illegible]	[illegible]	-	-	-	-
West Virginia	[illegible]	[illegible]	-	[illegible]	-	[illegible]	[illegible]	-	[illegible]	[illegible]	-	-	-	-
Wisconsin	[illegible]	[illegible]	-	[illegible]	-	-	-	-	[illegible]	[illegible]	-	-	-	-
Wyoming	-	-	-	-	-	-	-	-	-	-	-	-	-	-

1/ In some jurisdictions clinical centers were operated by more than one type of agency, in which case the jurisdiction is counted under each type of sponsoring agency. Therefore, the sum of the jurisdictions shown by each type of agency for each State exceeds the total jurisdictions with clinical centers shown in column 1.

* Vermont has no full-time health organizations rendering local health service.

Table 27.—Number of Jurisdictions in Each State Reporting Tuberculosis Clinical Centers of All Types Operated by Official Health Agencies, Other Official Agencies, and Voluntary Agencies, and Number of Such Centers Reported, According to Frequency of Clinic Sessions Scheduled by Each Type of Agency
December 31, 1950

State	Total (all agencies)		Number of jurisdictions with clinical centers operated by each type of agency 1/			Number of centers, by type of sponsoring agency and frequency of clinic sessions								
						Official health agencies			Other official agencies			Voluntary agencies		
	Jurisdictions with clinical centers	Number of centers	Official health agencies	Other official agencies	Voluntary agencies	Weekly	Monthly	Less often than monthly	Weekly	Monthly	Less often than monthly	Weekly	Monthly	Less often than monthly
Totals	957	2,165	775	243	157	745	423	402	279	43	20	185	43	25
Alabama	64	111	64	1	3	23	44	40	1	-	-	2	1	-
Arizona	3	8	2	3	1	2	-	-	3	-	-	3	-	-
Arkansas	21	36	1	21	1	-	1	-	32	2	-	1	-	-
California	49	160	39	33	5	64	20	9	49	4	-	9	2	3
Colorado	9	15	8	2	1	2	1	7	2	-	1	2	-	-
Connecticut	10	13	4	5	4	3	1	-	2	3	-	2	2	-
Delaware	4	9	4	-	1	2	6	-	-	-	-	1	-	-
District of Columbia	1	5	1	1	-	3	-	-	2	-	-	-	-	-
Florida	31	77	29	2	2	37	10	23	2	-	-	5	-	-
Georgia	46	135	46	2	3	70	6	54	1	1	-	-	-	3
Idaho	3	6	3	-	1	3	1	1	-	-	-	1	-	-
Illinois	22	39	3	21	5	4	1	-	23	5	1	2	2	1
Indiana	7	8	1	4	3	1	-	-	4	-	-	2	1	-
Iowa	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Kansas	8	12	6	4	1	2	2	3	4	-	-	-	-	1
Kentucky	45	62	43	2	3	44	8	3	3	-	-	3	1	-
Louisiana	34	52	27	11	2	31	4	3	9	2	1	2	-	-
Maine	9	23	6	3	2	1	-	17	3	-	-	2	-	-
Maryland	24	53	23	3	1	16	27	4	4	1	-	-	1	-
Massachusetts	9	38	7	4	2	18	7	-	3	2	1	7	-	-
Michigan	33	78	25	17	4	30	5	9	15	-	6	11	-	2
Minnesota	3	7	1	3	-	1	-	-	5	1	-	-	-	-
Mississippi	56	96	56	-	13	24	50	7	-	-	-	15	-	-
Missouri	11	26	8	2	4	14	3	-	3	-	-	5	-	1
Montana	2	3	2	-	-	1	-	2	-	-	-	-	-	-
Nebraska	2	3	1	1	1	-	1	-	1	-	-	1	-	-
Nevada	2	2	-	2	-	-	-	-	1	1	-	-	-	-
New Hampshire	1	2	1	-	-	-	-	2	-	-	-	-	-	-
New Jersey	31	49	7	10	21	10	4	-	12	1	-	12	9	1
New Mexico	4	8	4	1	1	2	1	1	1	-	-	-	-	3
New York	38	227	35	9	6	60	37	76	21	7	3	20	3	-
North Carolina	63	114	55	9	13	66	15	3	9	-	1	14	5	1
North Dakota	1	1	-	-	1	-	-	-	-	-	-	-	-	1
Ohio	49	76	25	18	19	20	12	2	17	1	3	9	8	4
Oklahoma	32	71	30	5	4	10	34	16	4	1	1	5	-	-
Oregon	14	17	11	4	-	5	4	3	3	2	-	-	-	-
Pennsylvania	3	50	3	1	2	22	-	-	1	-	-	27	-	-
Rhode Island	3	7	3	-	-	1	1	5	-	-	-	-	-	-
South Carolina	27	57	23	5	5	14	27	2	5	2	-	4	3	-
South Dakota	2	2	1	1	-	1	-	-	-	1	-	-	-	-
Tennessee	62	120	62	3	3	54	54	3	4	-	-	5	-	-
Texas	27	60	19	11	8	20	-	16	13	-	1	8	2	-
Utah	4	4	2	1	1	1	-	1	-	1	-	-	1	-
Vermont*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Virginia	43	114	42	8	4	29	13	58	9	-	1	3	-	1
Washington	18	32	17	4	1	15	5	5	4	2	-	-	-	1
West Virginia	18	56	16	3	3	10	14	25	2	2	-	1	1	1
Wisconsin	9	21	9	3	2	9	4	2	2	1	-	1	1	1
Wyoming	-	-	-	-	-	-	-	-	-	-	-	-	-	-

1/ In some jurisdictions clinical centers were operated by more than one type of agency, in which case the jurisdiction is counted under each type of sponsoring agency. Therefore, the sum of the jurisdictions shown by each type of agency for each State exceeds the total jurisdictions with clinical centers shown in column 1.

* Vermont has no full-time health organizations rendering local health service.

Table 28.--Number of Jurisdictions in Each State Reporting Tuberculosis Collapse Therapy for Nonhospitalized Patients in Clinical Centers Operated by Official Health Agencies, Other Official Agencies, and Voluntary Agencies, and Number of Such Centers Reported, According to Frequency of Clinic Sessions Scheduled by Each Type of Agency December 31, 1950

State	Total (all agencies)		Number of jurisdictions with clinical centers operated by each type of agency 1/			Number of centers, by type of sponsoring agency and frequency of clinic sessions								
						Official health agencies			Other official agencies			Voluntary agencies		
	Jurisdictions with clinical centers	Number of centers	Official health agencies	Other official agencies	Voluntary agencies	Weekly	Monthly	Less often than monthly	Weekly	Monthly	Less often than monthly	Weekly	Monthly	Less often than monthly
Totals	558	796	315	199	89	316	79	19	222	21	5	115	13	6
Alabama	64	68	64	1	2	22	42	1	1	-	-	2	-	-
Arizona	2	4	-	2	1	-	-	-	2	-	-	2	-	-
Arkansas	21	35	-	21	1	-	-	-	32	2	-	1	-	-
California	39	71	13	30	1	28	3	1	34	1	-	4	-	-
Colorado	2	7	2	1	2	2	-	-	2	-	-	3	-	-
Connecticut	4	4	2	2	-	2	-	-	1	1	-	-	-	-
Delaware	1	1	1	-	-	1	-	-	-	-	-	-	-	-
District of Columbia	1	4	1	1	-	2	-	-	2	-	-	-	-	-
Florida	13	18	10	2	1	15	-	-	2	-	-	1	-	-
Georgia	31	47	28	3	-	42	2	-	2	1	-	-	-	-
Idaho	2	2	2	-	-	1	-	1	-	-	-	-	-	-
Illinois	19	23	-	19	-	-	-	-	19	2	2	-	-	-
Indiana	4	5	-	4	-	-	-	-	4	-	-	-	-	-
Iowa	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Kansas	4	5	1	2	1	1	-	1	2	-	-	-	-	1
Kentucky	6	7	2	2	2	1	2	-	2	-	-	2	-	-
Louisiana	25	27	8	5	2	[illegible]	-	-	3	2	-	2	-	-
Maine	5	5	[illegible]	3	-	[illegible]	-	-	3	-	-	1	-	-
Maryland	[illegible]	25	[illegible]	[illegible]	-	[illegible]	-	1	2	-	-	-	-	-
Massachusetts	[illegible]	[illegible]	[illegible]	2	2	[illegible]	-	-	2	-	-	3	-	-
Michigan	26	[illegible]	[illegible]	[illegible]	-	[illegible]	2	1	[illegible]	-	-	1	-	-
Minnesota	3	[illegible]	-	-	-	-	-	-	[illegible]	-	-	-	-	-
Mississippi	22	26	[illegible]	-	[illegible]	[illegible]	-	-	-	-	-	[illegible]	-	-
Missouri	5	5	3	-	2	-	-	-	-	-	-	3	-	-
Montana	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nebraska	2	[illegible]	-	[illegible]	-	-	-	-	-	-	-	-	-	-
Nevada	-	-	-	-	-	-	-	-	-	-	-	-	-	-
New Hampshire	-	-	-	-	-	-	-	-	-	-	-	-	-	-
New Jersey	[illegible]	[illegible]	-	-	[illegible]	-	-	-	-	-	-	[illegible]	[illegible]	-
New Mexico	-	-	[illegible]	-	-	[illegible]	-	-	-	-	-	-	-	-
New York	[illegible]	[illegible]	[illegible]	[illegible]	-	[illegible]	-	-	[illegible]	-	-	[illegible]	-	-
North Carolina	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	-	-	[illegible]	-	-	[illegible]	[illegible]	-
North Dakota	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ohio	[illegible]	[illegible]	-	[illegible]	-	[illegible]	-	-	[illegible]	2	-	[illegible]	2	-
Oklahoma	[illegible]	[illegible]	[illegible]	-	-	[illegible]	-	2	-	-	-	-	-	-
Oregon	[illegible]	[illegible]	[illegible]	-	-	[illegible]	-	-	-	-	-	-	-	-
Pennsylvania	[illegible]	[illegible]	[illegible]	-	[illegible]	[illegible]	-	-	-	-	-	[illegible]	-	-
Rhode Island	[illegible]	[illegible]	[illegible]	-	-	[illegible]	-	-	-	-	-	-	-	-
South Carolina	[illegible]	[illegible]	[illegible]	-	-	[illegible]	[illegible]	-	[illegible]	-	-	-	-	-
South Dakota	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tennessee	[illegible]	[illegible]	[illegible]	-	[illegible]	[illegible]	-	-	-	-	-	-	-	-
Texas	[illegible]	[illegible]	[illegible]	-	[illegible]	[illegible]	-	-	[illegible]	-	-	[illegible]	[illegible]	-
Utah	2	2	-	-	-	-	-	-	-	-	-	-	-	-
Vermont*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Virginia	[illegible]	[illegible]	[illegible]	[illegible]	-	[illegible]	[illegible]	[illegible]	[illegible]	-	-	-	-	-
Washington	[illegible]	[illegible]	[illegible]	-	-	[illegible]	-	-	-	-	-	-	-	-
West Virginia	-	[illegible]	-	[illegible]	-	[illegible]	-	-	-	-	-	-	-	-
Wisconsin	2	2	-	-	-	-	-	-	-	-	-	-	-	-
Wyoming	-	-	-	-	-	-	-	-	-	-	-	-	-	-

1/ In some jurisdictions clinical centers were operated by more than one type of agency, in which case the jurisdiction is counted under each type of sponsoring agency. Therefore, the sum of the jurisdictions shown by each type of agency for each State exceeds the total jurisdictions with clinical centers shown in column 1.

* Vermont has no full-time health organizations rendering local health service.

Table 29.--Number of Jurisdictions in Each State Reporting Venereal Disease Clinical Centers Operated by Official Health Agencies, Other Official Agencies, and Voluntary Agencies, and Number of Such Centers Reported, According to Frequency of Clinic Sessions Scheduled by Each Type of Agency
December 31, 1950

State	Total (all agencies)		Number of jurisdictions with clinical centers operated by each type of agency 1/			Number of centers, by type of sponsoring agency and frequency of clinic sessions								
						Official health agencies			Other official agencies			Voluntary agencies		
	Jurisdictions with clinical centers	Number of centers	Official health agencies	Other official agencies	Voluntary agencies	Weekly	Monthly	Less often than monthly	Weekly	Monthly	Less often than monthly	Weekly	Monthly	Less often than monthly
Totals	904	2,029	865	86	42	1,630	92	19	108	7	-	167	3	3
Alabama	64	68	64	1	-	66	1	-	1	-	-	-	-	-
Arizona	4	5	3	1	-	4	-	-	1	-	-	-	-	-
Arkansas	-	-	-	-	-	-	-	-	-	-	-	-	-	-
California	48	123	45	10	4	92	3	1	12	-	-	15	-	-
Colorado	6	12	4	3	-	6	2	1	3	-	-	-	-	-
Connecticut	9	12	8	2	2	8	-	-	2	-	-	2	-	-
Delaware	4	13	4	-	1	5	5	-	-	-	-	3	-	-
District of Columbia	1	4	1	-	-	4	-	-	-	-	-	-	-	-
Florida	35	135	35	-	-	129	3	3	-	-	-	-	-	-
Georgia	21	38	20	3	1	29	3	1	2	2	-	-	1	-
Idaho	5	5	5	-	-	4	1	-	-	-	-	-	-	-
Illinois	19	37	18	1	1	23	-	-	1	-	-	13	-	-
Indiana	6	7	6	1	-	6	-	-	1	-	-	-	-	-
Iowa	1	1	1	-	-	1	-	-	-	-	-	-	-	-
Kansas	11	13	11	1	-	11	-	1	1	-	-	-	-	-
Kentucky	55	79	55	-	-	69	8	2	-	-	-	-	-	-
Louisiana	50	99	50	5	-	88	5	-	5	1	-	-	-	-
Maine	6	17	6	-	1	16	-	-	-	-	-	1	-	-
Maryland	24	43	24	-	-	41	2	-	-	-	-	-	-	-
Massachusetts	7	19	3	4	2	5	-	-	4	-	-	10	-	-
Michigan	21	33	21	2	2	22	-	1	2	-	-	5	-	3
Minnesota	2	5	2	2	1	2	-	-	2	-	-	1	-	-
Mississippi	57	165	57	-	-	165	-	-	-	-	-	-	-	-
Missouri	15	27	15	1	2	15	1	-	3	-	-	8	-	-
Montana	2	2	2	-	-	2	-	-	-	-	-	-	-	-
Nebraska	1	3	1	1	1	1	-	-	1	-	-	1	-	-
Nevada	2	3	1	1	-	2	-	-	1	-	-	-	-	-
New Hampshire	-	-	-	-	-	-	-	-	-	-	-	-	-	-
New Jersey	31	45	17	6	12	20	-	-	9	-	-	16	-	-
New Mexico	10	25	10	-	-	25	-	-	-	-	-	-	-	-
New York	26	119	23	7	4	50	6	4	21	-	-	37	1	-
North Carolina	64	206	64	3	1	199	3	-	3	-	-	1	-	-
North Dakota	1	1	1	-	-	-	-	1	-	-	-	-	-	-
Ohio	29	47	26	7	4	27	3	1	10	-	-	5	1	-
Oklahoma	31	68	31	3	-	62	4	-	3	-	-	-	-	-
Oregon	12	19	12	2	-	11	4	1	2	1	-	-	-	-
Pennsylvania	3	94	3	-	2	47	-	-	-	-	-	47	-	-
Rhode Island	2	2	2	-	-	2	-	-	-	-	-	-	-	-
South Carolina	31	95	31	2	-	74	17	1	2	1	-	-	-	-
South Dakota	2	2	2	-	-	2	-	-	-	-	-	-	-	-
Tennessee	50	91	49	4	1	77	8	-	4	-	-	2	-	-
Texas	48	92	47	3	-	84	5	-	3	-	-	-	-	-
Utah	2	3	2	1	-	2	-	-	-	1	-	-	-	-
Vermont*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Virginia	43	88	42	5	-	76	6	-	6	-	-	-	-	-
Washington	18	19	17	1	-	18	-	-	1	-	-	-	-	-
West Virginia	20	39	20	1	-	35	2	1	1	-	-	-	-	-
Wisconsin	4	5	3	2	-	3	-	-	1	1	-	-	-	-
Wyoming	1	1	1	-	-	1	-	-	-	-	-	-	-	-

1/ In some jurisdictions clinical centers were operated by more than one type of agency, in which case the jurisdiction is counted under each type of sponsoring agency. Therefore, the sum of the jurisdictions shown by each type of agency for each State exceeds the total jurisdictions with clinical centers shown in column 1.

* Vermont has no [illegible] health organizations rendering local health service.

Table 30.--Number of Jurisdictions in Each State Reporting Maternity Clinical Centers Operated by Official Health Agencies, Other Official Agencies, and Voluntary Agencies, and Number of Such Centers Reported, According to Frequency of Clinic Sessions Scheduled by Each Type of Agency
December 31, 1950

State	Total (all agencies)		Number of jurisdictions with clinical centers operated by each type of agency 1/			Number of centers, by type of sponsoring agency and frequency of clinic sessions								
						Official health agencies			Other official agencies			Voluntary agencies		
	Jurisdictions with clinical centers	Number of centers	Official health agencies	Other official agencies	Voluntary agencies	Weekly	Monthly	Less often than monthly	Weekly	Monthly	Less often than monthly	Weekly	Monthly	Less often than monthly
Totals	709	2,123	573	115	129	820	783	41	133	21	7	274	37	7
Alabama	46	100	46	-	-	47	52	1	-	-	-	-	-	-
Arizona	5	10	5	-	1	4	5	-	-	-	-	1	-	-
Arkansas	16	24	15	1	-	5	18	-	1	-	-	-	-	-
California	41	123	19	30	8	38	15	4	34	6	-	26	-	-
Colorado	6	13	6	1	1	4	5	1	1	-	-	2	-	-
Connecticut	8	15	-	1	8	-	-	-	1	-	-	11	3	-
Delaware	4	11	4	-	1	3	3	1	-	-	-	4	-	-
District of Columbia	1	12	1	-	-	6	-	6	-	-	-	-	-	-
Florida	36	158	35	4	1	116	36	-	4	1	-	1	-	-
Georgia	44	131	42	2	2	77	44	4	3	-	-	3	-	-
Idaho	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Illinois	11	47	7	3	8	19	3	1	1	2	-	19	2	-
Indiana	3	5	1	2	2	1	-	-	1	1	-	1	1	-
Iowa	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Kansas	4	4	2	2	-	1	1	-	2	-	-	-	-	-
Kentucky	43	78	42	2	2	43	16	8	1	1	-	8	1	-
Louisiana	38	81	38	3	-	58	20	-	3	-	-	-	-	-
Maine	4	6	1	-	4	1	-	-	-	-	-	3	2	-
Maryland	23	80	23	2	1	16	49	1	13	-	-	1	-	-
Massachusetts	6	21	-	4	3	-	-	-	4	-	-	14	3	-
Michigan	10	29	5	-	7	3	5	-	-	-	-	13	2	6
Minnesota	2	6	-	2	2	-	-	-	3	-	-	2	-	-
Mississippi	56	227	56	-	-	104	123	-	-	-	-	-	-	-
Missouri	7	23	7	1	2	9	3	-	2	-	-	9	-	-
Montana	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nebraska	3	5	1	2	-	-	1	-	3	-	-	1	-	-
Nevada	2	2	1	1	-	-	-	-	1	-	-	-	-	-
New Hampshire	-	-	-	-	-	-	-	-	-	-	-	-	-	-
New Jersey	28	48	2	5	24	2	-	-	6	-	-	32	5	-
New Mexico	-	19	6	-	2	-	12	5	-	-	-	2	-	-
New York	23	74	11	4	14	23	9	-	4	2	-	33	6	-
North Carolina	58	254	58	2	2	62	163	2	3	-	-	3	-	-
North Dakota	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ohio	17	45	5	8	1	8	3	2	1	-	6	11	6	-
Oklahoma	23	51	13	5	2	27	15	-	5	-	-	3	-	-
Oregon	5	-	3	2	-	-	2	-	2	-	-	-	-	-
Pennsylvania	2	57	2	-	2	3	-	-	-	-	-	3	-	-
Rhode Island	2	2	-	-	2	-	-	-	-	-	-	-	2	-
South Carolina	31	152	31	3	-	33	11	-	-	-	-	-	-	-
South Dakota	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tennessee	23	32	2	5	2	15	5	-	5	-	-	2	3	-
Texas	26	18	22	3	-	1	15	-	3	-	-	1	-	-
Utah	-	6	2	-	-	-	-	-	-	-	-	-	-	-
Vermont*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Virginia	33	92	35	3	-	-	1	-	-	-	-	-	-	-
Washington	-	3	2	-	-	-	-	-	-	-	-	2	-	-
West Virginia	3	9	3	-	3	-	-	-	-	-	-	2	-	-
Wisconsin	3	-	-	2	-	-	-	-	2	-	-	-	-	-
Wyoming	-	-	-	-	-	-	-	-	-	-	-	-	-	-

1/ In some jurisdictions clinical centers were operated by more than one type of agency, in which case the jurisdiction is counted under each type of sponsoring agency. Therefore, the sum of the jurisdictions shown by each type of agency for each State exceeds the total jurisdictions with clinical centers shown in column 1.

* Vermont has no full-time health organizations rendering local health service.

Table 31.--Number of Jurisdictions in Each State Reporting Well-Child Clinical Centers Operated by Official Health Agencies, Other Official Agencies, and Voluntary Agencies, and Number of Such Centers Reported, According to Frequency of Clinic Sessions Scheduled by Each Type of Agency
December 31, 1950

State	Total (all agencies)		Number of jurisdictions with clinical centers operated by each type of agency 1/			Number of centers, by type of sponsoring agency and frequency of clinic sessions								
						Official health agencies			Other official agencies			Voluntary agencies		
	Jurisdictions with clinical centers	Number of centers	Official health agencies	Other official agencies	Voluntary agencies	Weekly	Monthly	Less often than monthly	Weekly	Monthly	Less often than monthly	Weekly	Monthly	Less often than monthly
Totals	897	1,957	838	47	116	1,752	2,011	720	52	36	40	235	97	14
Alabama	27	62	26	1	-	31	28	2	1	-	-	-	-	-
Arizona	6	37	6	-	1	6	28	2	-	-	-	1	-	-
Arkansas	18	32	17	-	1	8	23	-	-	-	-	1	-	-
California	51	661	51	5	4	185	388	57	8	6	-	17	-	-
Colorado	7	47	7	1	-	24	17	5	1	-	-	-	-	-
Connecticut	11	56	5	-	6	33	3	-	-	-	-	7	13	-
Delaware	4	29	1	1	-	4	24	-	1	-	-	-	-	-
District of Columbia	1	14	1	-	-	13	-	1	-	-	-	-	-	-
Florida	35	163	35	2	-	91	64	5	2	1	-	-	-	-
Georgia	43	158	42	1	2	83	66	4	-	2	-	-	3	-
Idaho	3	27	3	-	-	-	13	14	-	-	-	-	-	-
Illinois	16	91	13	2	8	40	18	1	1	1	-	27	3	-
Indiana	6	27	3	1	3	1	2	4	-	-	16	3	1	-
Iowa	1	1	1	-	-	1	-	-	-	-	-	-	-	-
Kansas	12	64	12	1	-	3	49	11	1	-	-	-	-	-
Kentucky	50	146	49	2	2	47	47	42	1	1	-	7	1	-
Louisiana	36	114	36	-	-	69	11	1	-	-	-	-	-	-
Maine	10	292	7	-	8	3	28	240	-	-	-	4	11	6
Maryland	24	163	24	1	1	49	89	15	9	-	-	1	-	-
Massachusetts	9	69	5	1	6	31	9	5	1	-	-	16	7	-
Michigan	24	111	20	1	6	22	62	4	-	-	8	14	1	-
Minnesota	3	70	2	2	2	1	-	46	4	-	-	5	14	-
Mississippi	55	251	55	-	-	111	119	21	-	-	-	-	-	-
Missouri	17	74	17	1	2	12	39	2	2	-	-	19	-	-
Montana	3	13	3	-	-	2	1	10	-	-	-	-	-	-
Nebraska	2	2	2	-	-	1	1	-	-	-	-	-	-	-
Nevada	2	5	2	-	-	2	1	2	-	-	-	-	-	-
New Hampshire	1	2	1	-	-	2	-	-	-	-	-	-	-	-
New Jersey	47	151	41	1	9	118	13	5	1	-	-	12	2	-
New Mexico	10	57	10	-	1	12	32	11	-	-	-	2	-	-
New York	35	358	28	6	11	171	88	37	5	16	13	10	12	6
North Carolina	56	276	56	2	2	80	188	1	1	2	-	4	-	-
North Dakota	3	3	3	-	-	1	-	2	-	-	-	-	-	-
Ohio	31	148	27	2	10	33	45	42	2	-	3	12	10	1
Oklahoma	27	105	27	3	2	40	53	6	2	1	-	3	-	-
Oregon	14	58	13	-	1	3	42	12	-	-	-	-	1	-
Pennsylvania	3	88	2	-	3	51	-	-	-	-	-	37	-	-
Rhode Island	3	8	3	-	2	-	6	-	-	-	-	1	1	-
South Carolina	28	100	28	1	-	16	83	-	-	1	-	-	-	-
South Dakota	2	4	2	-	-	1	3	-	-	-	-	-	-	-
Tennessee	40	169	40	1	3	119	29	14	1	-	-	2	3	1
Texas	33	186	32	1	7	118	53	1	1	-	-	11	2	-
Utah	8	127	8	1	-	13	68	45	-	1	-	-	-	-
Vermont*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Virginia	38	104	35	4	3	44	39	-	3	2	-	15	1	-
Washington	11	93	9	1	1	9	31	45	4	-	-	3	1	-
West Virginia	21	86	20	1	1	10	69	4	-	2	-	1	-	-
Wisconsin	10	55	5	-	5	38	6	1	-	-	-	-	10	-
Wyoming	-	-	-	-	-	-	-	-	-	-	-	-	-	-

1/ In some jurisdictions clinical centers were operated by more than one type of agency, in which case the jurisdiction is counted under each type of sponsoring agency. Therefore, the sum of the jurisdictions shown by each type of agency for each State exceeds the total jurisdictions with clinical centers shown in column 1.

* Vermont has no full-time health organizations rendering local health service.

Table 32.--Number of Jurisdictions in Each State Reporting Pediatric Clinical Centers Operated by Official Health Agencies, Other Official Agencies, and Voluntary Agencies, and Number of Such Centers Reported, According to Frequency of Clinic Sessions Scheduled by Each Type of Agency December 31, 1950

State	Total (all agencies)		Number of jurisdictions with clinical centers operated by each type of agency 1/			Number of centers, by type of sponsoring agency and frequency of clinic sessions								
						Official health agencies			Other official agencies			Voluntary agencies		
	Jurisdictions with clinical centers	Number of centers	Official health agencies	Other official agencies	Voluntary agencies	Weekly	Monthly	Less often than monthly	Weekly	Monthly	Less often than monthly	Weekly	Monthly	Less often than monthly
Totals	334	786	128	129	142	155	122	39	134	20	15	255	28	18
Alabama	4	8	2	2	1	5	-	-	2	-	-	1	-	-
Arizona	2	6	2	-	1	3	-	-	-	-	-	3	-	-
Arkansas	2	2	-	1	1	-	-	-	1	-	-	1	-	-
California	32	79	5	26	7	4	4	11	26	5	-	28	1	-
Colorado	3	10	3	1	1	3	2	3	1	-	-	1	-	-
Connecticut	5	9	-	-	5	-	-	-	-	-	-	9	-	-
Delaware	1	2	-	-	1	-	-	-	-	-	-	2	-	-
District of Columbia	1	10	1	-	-	5	-	5	-	-	-	-	-	-
Florida	13	36	8	5	2	6	20	-	5	1	-	4	-	-
Georgia	14	24	7	5	3	10	4	-	5	2	-	2	1	-
Idaho	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Illinois	9	14	2	3	6	4	-	1	2	1	-	6	-	-
Indiana	2	5	1	1	2	1	-	-	1	-	-	3	-	-
Iowa	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Kansas	4	4	1	3	-	1	-	-	2	-	1	-	-	-
Kentucky	7	16	4	3	2	7	1	-	1	1	1	4	1	-
Louisiana	11	55	5	6	1	27	19	1	3	4	-	1	-	-
Maine	6	8	4	-	4	1	2	1	-	-	-	1	3	-
Maryland	16	35	13	2	2	2	12	3	16	-	-	2	-	-
Massachusetts	6	25	1	4	5	1	-	-	4	-	-	20	-	-
Michigan	22	42	2	6	15	-	-	5	3	-	6	10	-	18
Minnesota	2	4	-	2	1	-	-	-	3	-	-	-	1	-
Mississippi	2	2	2	-	-	-	-	2	-	-	-	-	-	-
Missouri	6	27	3	3	2	3	1	-	3	-	1	9	-	-
Montana	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nebraska	2	3	1	1	1	-	1	-	-	-	-	1	-	-
Nevada	2	2	1	-	-	-	-	-	1	-	-	-	-	-
New Hampshire	1	2	1	-	-	2	-	1	-	-	-	-	-	-
New Jersey	24	40	1	-	22	1	-	-	2	1	-	32	[illegible]	-
New Mexico	2	3	-	-	2	-	-	-	-	-	-	-	-	-
New York	16	[illegible]	[illegible]	2	14	21	-	-	-	-	-	23	-	-
North Carolina	15	40	11	3	3	9	22	-	2	2	-	[illegible]	-	-
North Dakota	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ohio	13	25	3	5	3	[illegible]	-	-	4	-	-	10	[illegible]	-
Oklahoma	3	[illegible]	3	-	-	[illegible]	[illegible]	-	[illegible]	-	-	-	-	-
Oregon	5	17	3	2	-	2	[illegible]	2	2	-	-	-	-	-
Pennsylvania	3	50	3	[illegible]	2	[illegible]	-	-	[illegible]	-	-	5	-	-
Rhode Island	[illegible]	[illegible]	-	-	-	-	-	-	-	-	-	-	[illegible]	-
South Carolina	[illegible]	[illegible]	-	-	-	-	-	-	-	[illegible]	-	-	-	-
South Dakota	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tennessee	[illegible]	[illegible]	-	5	2	6	-	[illegible]	5	-	-	[illegible]	-	-
Texas	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	-	2	-	[illegible]	-	-	[illegible]	-	-
Utah	2	-	-	-	-	-	-	-	-	-	-	-	-	-
Vermont*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Virginia	22	[illegible]	[illegible]	-	5	[illegible]	[illegible]	-	[illegible]	-	-	[illegible]	[illegible]	-
Washington	3	[illegible]	[illegible]	[illegible]	-	3	-	-	[illegible]	-	-	[illegible]	[illegible]	-
West Virginia	-	[illegible]	[illegible]	-	-	-	2	-	-	-	-	[illegible]	-	-
Wisconsin	2	-	-	2	2	-	-	-	2	-	-	2	-	-
Wyoming	-	-	-	-	-	-	-	-	-	-	-	-	-	-

1/ In some jurisdictions clinical centers were operated by more than one type of agency, in which case the jurisdiction is counted under each type of sponsoring agency. Therefore, the sum of the jurisdictions shown by each type of agency for each State exceeds the total jurisdictions with clinical centers shown in column 1.

* Vermont has no full-time health organizations rendering local health service.

Table 33.--Number of Jurisdictions in Each State Reporting Crippled Children's Clinical Centers (General) Operated by Official Health Agencies, Other Official Agencies, and Voluntary Agencies, and Number of Such Centers Reported, According to Frequency of Clinic Sessions Scheduled by Each Type of Agency
December 31, 1950

State	Total (all agencies)		Number of jurisdictions with clinical centers operated by each type of agency 1/			Number of centers, by type of sponsoring agency and frequency of clinic sessions								
						Official health agencies			Other official agencies			Voluntary agencies		
	Jurisdictions with clinical centers	Number of centers	Official health agencies	Other official agencies	Voluntary agencies	Weekly	Monthly	Less often than monthly	Weekly	Monthly	Less often than monthly	Weekly	Monthly	Less often than monthly
Totals	747	1,138	380	324	124	37	129	348	141	75	186	159	45	18
Alabama	65	72	4	60	3	1	-	4	2	3	57	2	1	2
Arizona	4	5	-	4	-	-	-	-	3	-	2	-	-	-
Arkansas	19	20	1	18	-	-	-	2	-	2	16	-	-	-
California	45	87	33	14	6	3	18	20	14	6	4	20	1	1
Colorado	8	17	6	4	2	-	-	9	3	-	2	3	-	-
Connecticut	8	14	1	3	5	-	1	-	-	3	-	6	3	1
Delaware	4	5	3	-	1	1	-	4	-	-	-	1	-	-
District of Columbia	1	3	1	-	-	2	-	1	-	-	-	-	-	-
Florida	27	48	7	19	3	-	2	10	16	5	11	4	-	-
Georgia	17	21	4	14	1	2	2	1	6	5	4	-	1	-
Idaho	5	11	5	-	-	1	-	10	-	-	-	-	-	-
Illinois	26	31	4	19	8	-	1	3	2	9	8	2	2	4
Indiana	2	4	1	2	1	-	1	-	1	1	-	1	-	-
Iowa	1	1	-	-	1	-	-	-	-	-	-	1	-	-
Kansas	6	8	2	3	1	-	-	2	4	-	1	1	-	-
Kentucky	23	28	18	5	3	-	2	17	1	1	3	3	1	-
Louisiana	25	35	21	8	-	2	9	15	1	8	-	-	-	-
Maine	7	12	6	-	1	-	2	8	-	-	-	2	-	-
Maryland	23	38	22	1	1	-	-	22	15	-	-	-	1	-
Massachusetts	6	10	2	3	2	1	1	-	1	1	1	5	-	-
Michigan	41	62	6	31	13	-	1	5	14	1	24	12	-	5
Minnesota	3	11	-	3	2	-	-	-	4	2	2	1	2	-
Mississippi	56	57	56	-	-	2	-	55	-	-	-	-	-	-
Missouri	6	14	3	3	2	2	1	1	2	1	1	6	-	-
Montana	4	4	4	-	-	-	-	4	-	-	-	-	-	-
Nebraska	4	5	1	3	1	-	-	1	2	-	1	1	-	-
Nevada	2	3	2	-	-	-	-	3	-	-	-	-	-	-
New Hampshire	-	-	-	-	-	-	-	-	-	-	-	-	-	-
New Jersey	23	33	2	4	19	1	1	-	5	2	-	14	8	2
New Mexico	10	13	-	10	-	-	-	-	1	-	12	-	-	-
New York	36	123	31	4	10	2	27	71	2	3	-	10	8	-
North Carolina	33	38	28	2	4	-	26	4	1	1	-	5	3	-
North Dakota	4	4	3	1	-	-	-	3	-	-	1	-	-	-
Ohio	29	38	10	11	12	-	1	9	7	2	2	11	6	-
Oklahoma	9	12	3	6	1	2	2	1	2	1	3	-	-	1
Oregon	19	23	-	19	-	-	-	-	2	1	20	-	-	-
Pennsylvania	3	43	1	2	3	1	-	-	2	-	-	40	-	-
Rhode Island	3	6	3	-	1	-	-	5	-	-	-	-	1	-
South Carolina	13	13	7	6	-	2	5	-	4	2	-	-	-	-
South Dakota	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tennessee	11	13	7	4	1	4	2	2	3	-	1	1	-	-
Texas	31	39	22	9	6	5	3	15	8	-	1	6	-	1
Utah	5	7	4	1	-	1	1	4	-	1	-	-	-	-
Vermont*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Virginia	39	56	32	6	3	1	17	27	7	1	-	1	2	-
Washington	13	17	10	4	1	1	2	7	4	1	1	1	-	-
West Virginia	14	19	1	10	4	-	1	-	-	11	2	-	4	1
Wisconsin	10	13	2	8	2	-	-	2	2	1	6	1	1	-
Wyoming	1	1	1	-	-	-	-	1	-	-	-	-	-	-

1/ In some jurisdictions clinical centers were operated by more than one type of agency, in which case the jurisdiction is counted under each type of sponsoring agency. Therefore, the sum of the jurisdictions shown by each type of agency for each State exceeds the total jurisdictions with clinical centers shown in column 1.

* Vermont has no full-time health organizations rendering local health service.

Table 34.—Number of Jurisdictions in Each State Reporting Special Rheumatic Fever and Cardiac Clinical Centers Operated by Official Health Agencies, Other Official Agencies, and Voluntary Agencies, and Number of Such Centers Reported, According to Frequency of Clinic Sessions Scheduled by Each Type of Agency
December 31, 1950

State	Total (all agencies)		Number of jurisdictions with clinical centers operated by each type of agency 1/			Number of centers, by type of sponsoring agency and frequency of clinic sessions								
						Official health agencies			Other official agencies			Voluntary agencies		
	Jurisdictions with clinical centers	Number of centers	Official health agencies	Other official agencies	Voluntary agencies	Weekly	Monthly	Less often than monthly	Weekly	Monthly	Less often than monthly	Weekly	Monthly	Less often than monthly
Totals	248	405	90	102	98	44	48	18	68	26	23	143	29	6
Alabama	7	7	1	6	-	-	-	-	-	-	-	-	-	-
Arizona	2	3	-	2	-	1	-	-	2	1	3	-	-	-
Arkansas	1	1	-	1	-	-	-	-	-	1	2	-	-	-
California	31	56	17	11	11	9	8	3	1	-	-	-	-	-
Colorado	3	4	2	2	-	1	-	-	12	3	1	14	5	1
Connecticut	8	10	2	2	5	1	1	-	2	-	-	-	-	-
Delaware	-	-	-	-	-	-	-	-	1	1	-	4	2	-
District of Columbia	1	3	1	-	-	2	-	1	-	-	-	-	-	-
Florida	2	3	-	1	2	-	-	-	1	-	-	-	-	-
Georgia	6	7	2	2	3	2	-	-	-	-	-	2	-	-
Idaho	-	-	-	-	-	-	-	-	1	1	-	3	-	-
Illinois	9	10	-	8	2	-	-	-	-	-	-	-	-	-
Indiana	1	2	-	1	1	-	-	-	1	6	1	1	1	-
Iowa	-	-	-	-	-	-	-	-	1	-	-	1	-	-
Kansas	1	1	1	-	-	-	-	-	-	-	-	-	-	-
Kentucky	1	1	-	1	-	-	1	-	1	-	-	-	-	-
Louisiana	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Maine	2	2	2	-	-	1	1	-	-	-	-	-	-	-
Maryland	12	16	9	3	1	1	10	-	3	-	1	1	-	-
Massachusetts	5	13	1	2	2	1	-	-	2	-	-	9	1	-
Michigan	24	41	1	9	16	1	-	-	1	-	10	22	7	3
Minnesota	2	4	-	2	1	-	-	-	2	1	-	-	1	-
Mississippi	-	-	-	-	-	-	-	-	-	1	1	5	-	-
Missouri	4	8	1	2	2	1	-	-	-	1	-	-	-	-
Montana	2	2	2	-	-	-	1	1	-	-	-	-	-	-
Nebraska	1	2	1	-	1	-	-	-	-	-	-	-	-	-
Nevada	1	1	1	-	-	-	1	-	-	-	-	-	-	-
New Hampshire	-	-	-	-	-	-	-	-	-	-	-	-	-	-
New Jersey	19	25	1	1	15	1	-	-	-	1	-	-	-	-
New Mexico	1	1	1	-	-	1	-	-	-	-	-	-	-	-
New York	29	33	9	2	12	5	5	3	2	-	-	12	2	1
North Carolina	4	4	-	1	3	-	-	-	-	-	-	6	-	-
North Dakota	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ohio	11	11	1	7	3	1	-	-	1	-	-	-	-	-
Oklahoma	6	6	3	2	1	3	1	1	2	-	-	1	-	-
Oregon	3	3	2	1	-	2	1	-	-	-	-	-	-	-
Pennsylvania	3	3	2	1	-	1	1	1	-	-	-	-	-	-
Rhode Island	6	6	2	2	2	2	1	-	-	-	-	-	-	-
South Carolina	1	1	1	-	-	-	1	-	-	-	-	1	-	-
South Dakota	6	6	2	2	2	1	2	1	-	-	-	-	-	-
Tennessee	4	4	2	1	1	2	1	1	-	-	-	-	-	-
Texas	8	8	4	3	1	3	2	1	-	-	-	-	-	-
Utah	2	2	1	1	-	1	1	-	-	-	-	-	-	-
Vermont*	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Virginia	14	14	10	3	1	5	8	1	-	-	-	-	-	-
Washington	6	15	2	2	2	2	4	2	1	-	-	-	-	-
West Virginia	3	3	1	2	-	1	2	-	-	-	-	-	-	-
Wisconsin	1	1	1	-	-	1	-	-	-	-	-	-	-	-
Wyoming	2	2	1	1	-	1	1	-	1	-	-	-	-	-

1/ In some jurisdictions clinical centers were operated by more than one type of agency, in which case the jurisdiction is counted under each type of sponsoring agency. Therefore, the sum of the jurisdictions shown by each type of agency for each State exceeds the total jurisdictions with clinical centers shown in column 1.

* Vermont has no full-time health organizations rendering local health service.

Table 35.--Number of Jurisdictions in Each State Reporting Special Cerebral Palsy Clinical Centers Operated by Official Health Agencies, Other Official Agencies, and Voluntary Agencies, and Number of Such Centers Reported, According to Frequency of Clinic Sessions Scheduled by Each Type of Agency
December 31, 1950

State	Total (all agencies)		Number of jurisdictions with clinical centers operated by each type of agency 1/			Number of centers, by type of sponsoring agency and frequency of clinic sessions								
						Official health agencies			Other official agencies			Voluntary agencies		
	Jurisdictions with clinical centers	Number of centers	Official health agencies	Other official agencies	Voluntary agencies	Weekly	Monthly	Less often than monthly	Weekly	Monthly	Less often than monthly	Weekly	Monthly	Less often than monthly
Totals	244	305	65	87	113	16	19	36	38	32	29	82	31	22
Alabama	10	10	3	5	2	2	-	1	2	-	3	1	1	-
Arizona	4	5	-	2	2	-	-	-	1	-	2	1	1	-
Arkansas	1	1	-	1	-	-	-	-	1	-	-	-	-	-
California	35	48	21	14	3	2	13	8	4	13	3	5	-	-
Colorado	4	4	-	2	2	-	-	-	2	-	-	2	-	-
Connecticut	3	3	-	2	1	-	-	-	-	2	-	1	-	-
Delaware	3	3	3	-	-	-	-	3	-	-	-	-	-	-
District of Columbia	1	3	1	-	-	1	-	2	-	-	-	-	-	-
Florida	5	5	1	1	3	-	-	1	-	1	-	2	-	1
Georgia	10	10	-	4	6	-	-	-	1	-	3	2	2	2
Idaho	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Illinois	7	9	-	5	4	-	-	-	1	2	2	2	1	1
Indiana	2	2	-	1	1	-	-	-	-	1	-	-	-	1
Iowa	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Kansas	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Kentucky	3	3	1	2	-	-	-	1	1	-	1	-	-	-
Louisiana	3	3	1	2	-	1	-	-	-	1	1	-	-	-
Maine	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Maryland	5	7	4	1	2	-	-	4	3	-	-	-	-	-
Massachusetts	5	5	1	1	3	1	-	-	1	-	-	2	-	1
Michigan	22	24	3	8	12	-	-	3	1	-	7	3	2	8
Minnesota	2	3	-	1	2	-	-	-	-	1	-	1	1	-
Mississippi	1	1	1	-	-	1	-	-	-	-	-	-	-	-
Missouri	3	4	1	1	2	1	-	-	-	-	1	2	-	-
Montana	1	1	1	-	-	-	-	1	-	-	-	-	-	-
Nebraska	1	3	-	1	1	-	-	-	1	1	-	1	-	-
Nevada	1	1	-	-	1	-	-	-	-	-	-	-	-	1
New Hampshire	-	-	-	-	-	-	-	-	-	-	-	-	-	-
New Jersey	12	15	-	4	9	-	-	-	5	-	-	6	3	1
New Mexico	1	1	-	-	1	-	-	-	-	-	-	1	-	-
New York	18	33	4	1	16	4	-	1	1	-	-	19	6	2
North Carolina	6	6	-	1	5	-	-	-	1	-	-	1	3	1
North Dakota	1	1	1	-	-	-	-	1	-	-	-	-	-	-
Ohio	11	12	1	5	6	-	-	1	2	-	3	5	-	1
Oklahoma	4	5	1	3	-	-	-	1	-	4	-	-	-	-
Oregon	4	5	1	2	2	-	-	1	2	-	-	1	1	-
Pennsylvania	3	13	1	2	3	1	-	-	2	-	-	9	1	-
Rhode Island	-	-	-	-	-	-	-	-	-	-	-	-	-	-
South Carolina	6	6	2	-	4	-	2	-	-	-	-	1	3	-
South Dakota	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tennessee	8	8	2	2	4	1	-	1	1	-	1	3	1	-
Texas	12	12	1	3	8	-	-	1	3	-	-	5	1	2
Utah	1	2	-	1	1	-	-	-	-	1	-	1	-	-
Vermont*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Virginia	7	9	2	3	3	1	2	-	2	1	-	1	2	-
Washington	10	11	6	2	3	-	2	4	-	2	-	1	2	-
West Virginia	4	4	-	3	1	-	-	-	-	1	2	1	-	-
Wisconsin	3	3	-	1	2	-	-	-	-	1	-	2	-	-
Wyoming	1	1	1	-	-	-	-	1	-	-	-	-	-	-

1/ In some jurisdictions clinical centers were operated by more than one type of agency, in which case the jurisdiction is counted under each type of sponsoring agency. Therefore, the sum of the jurisdictions shown by each type of agency for each State exceeds the total jurisdictions with clinical centers shown in column 1.

* Vermont has no full-time health organizations rendering local health service.

Table 36.--Number of Jurisdictions in Each State Reporting Epilepsy Clinical Centers Operated by Official Health Agencies, Other Official Agencies, and Voluntary Agencies, and Number of Such Centers Reported, According to Frequency of Clinic Sessions Scheduled by Each Type of Agency
December 31, 1950

State	Total (all agencies)		Number of jurisdictions with clinical centers operated by each type of agency 1/			Number of centers, by type of sponsoring agency and frequency of clinic sessions								
						Official health agencies			Other official agencies			Voluntary agencies		
	Jurisdictions with clinical centers	Number of centers	Official health agencies	Other official agencies	Voluntary agencies	Weekly	Monthly	Less often than monthly	Weekly	Monthly	Less often than monthly	Weekly	Monthly	Less often than monthly
Totals	123	168	31	54	48	10	11	12	33	9	16	54	9	14
Alabama	11	11	5	5	1	3	1	1	2	1	2	-	1	-
Arizona	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Arkansas	-	-	-	-	-	-	-	-	-	-	-	-	-	-
California	8	14	2	5	2	-	1	1	6	-	-	4	2	-
Colorado	2	2	-	2	-	-	-	-	2	-	-	-	-	-
Connecticut	2	2	1	1	-	-	-	-	-	-	-	2	-	-
Delaware	2	2	1	-	1	1	-	-	1	-	-	-	-	-
District of Columbia	1	1	1	-	-	-	-	-	-	-	-	-	-	-
Florida	3	3	2	-	1	1	1	-	-	-	-	1	-	-
Georgia	2	2	1	1	-	1	-	-	-	1	-	-	-	-
Idaho	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Illinois	7	8	-	4	4	-	-	-	-	1	2	3	1	-
Indiana	1	1	-	1	-	-	-	-	1	1	-	-	-	-
Iowa	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Kansas	1	1	-	1	-	-	-	-	-	-	-	6	1	-
Kentucky	1	1	-	1	-	-	-	-	1	-	1	1	-	1
Louisiana	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Maine	1	1	-	-	1	-	-	-	-	-	-	1	-	-
Maryland	9	11	8	1	-	-	5	3	3	-	-	1	-	-
Massachusetts	4	10	-	2	2	-	-	-	1	1	-	6	1	1
Michigan	3	4	1	1	2	1	-	-	-	-	1	1	-	1
Minnesota	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mississippi	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Missouri	2	3	2	-	1	1	1	-	-	-	-	1	-	-
Montana	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nebraska	1	2	-	1	1	-	-	-	1	-	-	1	-	-
Nevada	-	-	-	-	-	-	-	-	-	-	-	-	-	-
New Hampshire	-	-	-	-	-	-	-	-	-	-	-	-	-	-
New Jersey	5	9	-	-	5	-	-	-	-	-	-	7	1	1
New Mexico	-	-	-	-	-	-	-	-	-	-	-	-	-	-
New York	6	10	2	3	3	-	1	3	2	1	-	2	1	-
North Carolina	3	3	-	-	3	-	-	-	-	-	-	2	1	-
North Dakota	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ohio	17	22	1	8	9	1	-	-	2	-	7	3	1	8
Oklahoma	2	2	-	2	-	-	-	-	1	-	1	-	-	-
Oregon	2	2	1	1	-	1	-	-	2	-	-	12	-	-
Pennsylvania	2	13	1	-	1	-	-	-	-	-	-	-	-	-
Rhode Island	-	-	-	-	-	-	-	-	-	-	-	-	-	-
South Carolina	-	-	-	1	-	-	-	-	1	-	-	-	-	-
South Dakota	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tennessee	2	3	1	1	-	-	-	-	1	-	-	2	-	-
Texas	6	8	2	2	2	-	-	-	2	-	-	3	-	-
Utah	2	4	-	1	1	-	-	-	-	1	-	-	-	-
Vermont*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Virginia	9	9	2	1	1	-	-	-	2	1	-	-	-	-
Washington	2	2	-	2	-	-	-	-	-	-	-	2	-	3
West Virginia	2	2	-	2	-	-	-	-	-	-	-	-	-	-
Wisconsin	-	-	-	-	-	-	-	-	2	-	-	2	-	-
Wyoming	-	-	-	-	-	-	-	-	-	-	-	-	-	-

1/ In some jurisdictions clinical centers were operated by more than one type of agency, in which case the jurisdiction is counted under each type of sponsoring agency. Therefore, the sum of the jurisdictions shown by each type of agency for each State exceeds the total jurisdictions with clinical centers shown in column 1.

* Vermont has no full-time health organizations rendering local health service.

Table 37.--Number of Jurisdictions in Each State Reporting Special Otological Clinical Centers Operated by Official Health Agencies, Other Official Agencies, and Voluntary Agencies, and Number of Such Centers Reported, According to Frequency of Clinic Sessions Scheduled by Each Type of Agency
December 31, 1950

State	Total (all agencies)		Number of jurisdictions with clinical centers operated by each type of agency 1/			Number of centers, by type of sponsoring agency and frequency of clinic sessions								
						Official health agencies			Other official agencies			Voluntary agencies		
	Jurisdictions with clinical centers	Number of centers	Official health agencies	Other official agencies	Voluntary agencies	Weekly	Monthly	Less often than monthly	Weekly	Monthly	Less often than monthly	Weekly	Monthly	Less often than monthly
Totals	219	421	100	89	67	18	33	75	71	14	39	143	13	15
Alabama	7	7	1	5	1	-	-	1	3	-	2	-	1	-
Arizona	2	2	-	1	1	-	-	-	1	-	-	-	1	-
Arkansas	-	-	-	-	-	-	-	-	-	-	-	-	-	-
California	39	97	28	15	5	4	18	20	16	5	16	17	1	-
Colorado	2	2	-	2	-	-	-	-	2	-	-	-	-	-
Connecticut	4	8	-	-	4	-	-	-	-	-	-	8	-	-
Delaware	-	-	-	-	-	-	-	-	-	-	-	-	-	-
District of Columbia	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Florida	4	7	1	2	2	-	1	-	2	1	-	3	-	-
Georgia	3	3	1	2	-	1	-	-	2	-	-	-	-	-
Idaho	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Illinois	9	10	1	5	4	-	-	1	1	2	2	2	1	1
Indiana	3	3	-	1	2	-	-	-	-	1	-	-	1	1
Iowa	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Kansas	2	2	1	1	-	1	-	-	1	-	-	-	-	-
Kentucky	2	2	1	-	1	1	-	-	-	-	-	1	-	-
Louisiana	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Maine	1	1	1	-	-	-	-	1	-	-	-	-	-	-
Maryland	22	25	18	4	1	-	8	12	1	-	3	-	-	1
Massachusetts	3	10	1	1	1	1	-	-	1	-	-	7	-	1
Michigan	17	31	9	4	5	1	-	9	1	-	5	3	3	9
Minnesota	2	3	-	2	1	-	-	-	1	1	-	-	1	-
Mississippi	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Missouri	3	7	2	1	2	1	1	-	2	-	-	3	-	-
Montana	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nebraska	1	2	-	1	1	-	-	-	1	-	-	1	-	-
Nevada	-	-	-	-	-	-	-	-	-	-	-	-	-	-
New Hampshire	-	-	-	-	-	-	-	-	-	-	-	-	-	-
New Jersey	10	18	-	3	8	-	-	-	3	-	-	15	-	-
New Mexico	-	-	-	-	-	-	-	-	-	-	-	-	-	-
New York	9	22	3	2	7	2	-	4	6	-	-	8	1	1
North Carolina	8	14	3	2	4	2	-	1	2	-	2	7	-	-
North Dakota	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ohio	13	19	9	6	3	3	-	7	4	-	2	2	1	-
Oklahoma	3	3	-	3	-	-	-	-	3	-	-	-	-	-
Oregon	2	2	-	2	-	-	-	-	2	-	-	-	-	-
Pennsylvania	2	53	-	1	2	-	-	-	1	-	-	52	-	-
Rhode Island	1	1	-	-	1	-	-	-	-	-	-	-	1	-
South Carolina	1	4	1	-	1	-	-	2	-	-	-	1	1	-
South Dakota	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tennessee	5	8	1	5	1	-	-	1	4	-	1	2	-	-
Texas	8	12	-	5	3	-	-	-	7	-	-	5	-	-
Utah	2	2	-	1	1	-	-	-	-	1	-	1	-	-
Vermont*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Virginia	4	4	-	2	2	-	-	-	2	-	-	1	-	1
Washington	17	23	16	4	1	1	4	12	-	2.	3	1	-	-
West Virginia	2	5	1	1	-	-	1	3	-	1	-	-	-	-
Wisconsin	6	9	1	5	2	-	-	1	2	-	3	3	-	-
Wyoming	-	-	-	-	-	-	-	-	-	-	-	-	-	-

1/ In some jurisdictions clinical centers were operated by more than one type of agency, in which case the jurisdiction is counted under each type of sponsoring agency. Therefore, the sum of the jurisdictions shown by each type of agency for each State exceeds the total jurisdictions with clinical centers shown in column 1.

* Vermont has no full-time health organizations rendering local health service.

Table 38.--Number of Jurisdictions and Counties with Chest X-ray Service for Tuberculosis Case Finding Provided by Official Health Agencies, Other Official Agencies, and Voluntary Agencies December 31, 1950

State	Total number of jurisdictions and counties with service		Number of jurisdictions and counties with service provided by each type of agency[1/]					
			Official health agencies		Other official agencies		Voluntary agencies	
	Jurisdictions	Counties	Jurisdictions	Counties	Jurisdictions	Counties	Jurisdictions	Counties
Totals	1,057	1,345	840	1,129	225	226	359	406
Alabama	23	23	21	21	1	1	3	3
Arizona	7	7	6	6	-	-	1	1
Arkansas	5	8	3	2	4	7	-	-
California	52	41	35	28	26	19	35	28
Colorado	9	21	7	14	3	5	6	13
Connecticut	10	-	5	-	4	-	7	-
Delaware	4	3	4	3	-	-	1	-
District of Columbia	1	-	1	-	1	-	-	-
Florida	34	58	30	48	3	6	11	12
Georgia	51	93	51	93	1	1	3	4
Idaho	5	19	5	19	-	-	2	8
Illinois	26	19	8	5	17	13	12	8
Indiana	9	6	1	-	3	1	8	6
Iowa	1	1	1	1	1	1	1	1
Kansas	14	15	5	6	5	5	10	11
Kentucky	65	102	64	100	-	-	3	4
Louisiana	40	40	36	36	6	6	2	2
Maine	10	16	10	16	6	12	10	16
Maryland	24	23	23	22	2	1	5	4
Massachusetts	9	1	8	1	5	1	4	1
Michigan	47	65	37	54	20	28	13	13
Minnesota	3	6	1	-	3	6	3	6
Mississippi	57	78	57	78	-	-	-	-
Missouri	20	19	11	9	3	2	11	10
Montana	3	3	3	3	-	-	3	3
Nebraska	3	3	2	2	1	1	1	1
Nevada	2	2	-	-	-	-	2	2
New Hampshire	1	-	-	-	1	-	-	-
New Jersey	50	-	24	-	19	-	31	-
New Mexico	10	32	5	15	-	-	6	20
New York	38	62	37	62	9	7	30	55
North Carolina	65	98	54	81	10	15	16	32
North Dakota	4	14	3	14	3	14	2	4
Ohio	59	53	31	29	20	17	38	33
Oklahoma	31	41	29	43	3	4	3	3
Oregon	19	23	19	23	3	4	2	2
Pennsylvania	3	2	3	1	2	1	2	2
Rhode Island	3	5	3	5	-	-	-	-
South Carolina	27	41	22	35	5	5	11	11
South Dakota	1	1	-	-	1	1	-	-
Tennessee	62	81	62	81	5	4	2	2
Texas	48	52	28	28	10	12	21	20
Utah	7	19	6	16	-	-	2	4
Vermont*	*	*	*	*	*	*	*	*
Virginia	46	77	42	72	4	12	10	12
Washington	29	24	24	18	7	6	12	12
West Virginia	22	42	17	33	1	8	6	9
Wisconsin	16	11	11	11	2	2	3	1
Wyoming	1	1	1	1	-	-	-	-

1/ In some jurisdictions a service was provided by more than one type of agency, in which case the jurisdiction and counties covered are counted under each type of sponsoring agency. Therefore, the sum of jurisdictions and of counties shown for each State by each type of agency exceeds the totals shown in columns 1 and 2.

* Vermont has no full-time health organizations rendering local health service.

Table 39.--Number of Jurisdictions and Counties with Vision Corrective Service for Children Provided by Official Health Agencies, Other Official Agencies, and Voluntary Agencies
December 31, 1950

State	Total number of jurisdictions and counties with service		Number of jurisdictions and counties with service provided by each type of agency[1]					
			Official health agencies		Other official agencies		Voluntary agencies	
	Jurisdictions	Counties	Jurisdictions	Counties	Jurisdictions	Counties	Jurisdictions	Counties
Totals	818	999	274	362	313	351	450	556
Alabama	28	28	-	-	6	6	23	23
Arizona	4	4	-	-	-	-	4	4
Arkansas	-	-	-	-	-	-	-	-
California	43	33	23	20	23	17	21	14
Colorado	9	21	1	2	5	12	8	19
Connecticut	8	-	2	-	3	-	4	-
Delaware	1	-	1	-	-	-	1	-
District of Columbia	1	-	1	-	-	-	-	-
Florida	31	55	6	8	4	7	26	46
Georgia	23	39	12	20	1	3	12	21
Idaho	5	19	3	12	1	14	5	19
Illinois	20	17	7	6	8	5	12	11
Indiana	7	5	3	1	4	2	4	4
Iowa	1	1	-	-	1	1	1	1
Kansas	13	14	1	1	5	5	9	10
Kentucky	40	59	37	55	2	3	2	2
Louisiana	27	27	6	6	7	7	16	16
Maine	7	10	3	4	2	3	4	5
Maryland	17	16	9	8	1	-	10	10
Massachusetts	8	1	5	1	3	-	4	1
Michigan	50	70	20	33	12	19	28	38
Minnesota	3	6	1	-	3	6	1	-
Mississippi	22	27	22	27	-	-	-	-
Missouri	13	12	3	3	2	1	9	8
Montana	1	1	-	-	-	-	1	1
Nebraska	2	2	-	-	1	1	2	2
Nevada	1	1	1	1	-	-	-	-
New Hampshire	1	-	1	-	-	-	-	-
New Jersey	48	-	5	-	40	-	30	-
New Mexico	8	26	-	-	5	16	5	16
New York	32	56	20	44	23	41	15	27
North Carolina	63	94	38	61	22	35	17	26
North Dakota	2	10	-	-	-	-	2	10
Ohio	50	45	13	13	19	15	33	33
Oklahoma	17	24	2	3	8	9	11	17
Oregon	10	9	3	2	1	1	7	7
Pennsylvania	2	1	2	1	2	1	2	1
Rhode Island	2	3	-	-	-	-	2	3
South Carolina	13	20	1	1	3	4	11	18
South Dakota	2	2	1	1	-	-	1	1
Tennessee	60	82	2	2	56	75	14	17
Texas	41	50	2	1	10	10	34	44
Utah	4	0	-	-	1	-	3	0
Vermont*	*	*	*	*	*	*	*	*
Virginia	33	48	7	14	7	9	23	34
Washington	17	21	5	4	10	13	12	16
West Virginia	17	30	3	7	5	10	12	21
Wisconsin	11	1	2	-	4	-	2	1
Wyoming	-	-	-	-	-	-	-	-

1/ In some jurisdictions a service was provided by more than one type of agency, in which case the jurisdiction and counties covered are counted under each type of sponsoring agency. Therefore, the sum of jurisdictions and of counties shown for each State by each type of agency exceeds the totals shown in columns 1 and 2.

* Vermont has no full-time health organizations rendering local health service.

Table 40.--Number of Jurisdictions and Counties with Dental Corrective Service for Children Provided by Official Health Agencies, Other Official Agencies, and Voluntary Agencies December 31, 1950

State	Total number of jurisdictions and counties with service		Number of jurisdictions and counties with service provided by each type of agency[1]					
			Official health agencies		Other official agencies		Voluntary agencies	
	Jurisdictions	Counties	Jurisdictions	Counties	Jurisdictions	Counties	Jurisdictions	Counties
Totals	741	881	487	615	227	212	197	232
Alabama	36	36	33	33	2	2	2	2
Arizona	3	3	2	2	1	1	-	-
Arkansas	3	2	-	-	1	-	2	2
California	39	31	23	20	24	17	13	9
Colorado	7	19	3	4	4	10	4	15
Connecticut	10	-	6	-	2	-	4	-
Delaware	4	3	4	3	1	-	1	-
District of Columbia	1	-	1	-	-	-	-	-
Florida	24	41	14	27	-	-	11	15
Georgia	31	53	26	45	1	3	7	10
Idaho	1	3	-	-	-	-	1	3
Illinois	20	13	14	10	7	2	6	4
Indiana	4	1	1	-	4	1	2	1
Iowa	1	1	-	-	1	1	-	-
Kansas	15	16	3	3	12	12	2	3
Kentucky	37	60	36	58	1	2	1	1
Louisiana	23	23	9	9	10	10	4	4
Maine	9	16	6	14	-	-	4	16
Maryland	15	14	13	12	2	1	4	4
Massachusetts	6	1	6	1	3	-	2	1
Michigan	28	36	14	12	7	14	9	12
Minnesota	3	6	1	-	3	6	2	-
Mississippi	46	64	46	64	-	-	-	-
Missouri	7	5	6	4	3	2	2	-
Montana	1	1	1	1	-	-	-	-
Nebraska	2	2	2	2	2	2	1	1
Nevada	1	1	1	1	-	-	-	-
New Hampshire	-	-	-	-	-	-	-	-
New Jersey	50	-	15	-	38	-	11	-
New Mexico	6	19	-	-	2	6	5	15
New York	35	59	24	40	22	40	14	28
North Carolina	60	91	56	87	8	10	6	10
North Dakota	2	4	1	-	1	4	-	-
Ohio	32	24	7	4	14	8	19	18
Oklahoma	13	17	6	7	2	6	5	4
Oregon	7	6	2	1	2	2	4	4
Pennsylvania	3	1	1	1	1	-	3	1
Rhode Island	3	5	2	3	3	5	1	1
South Carolina	4	4	4	4	-	-	-	-
South Dakota	1	1	-	-	1	1	-	-
Tennessee	45	63	43	60	10	13	1	6
Texas	27	27	15	15	6	6	4	8
Utah	8	22	5	17	-	-	*	*
Vermont*	*	*	*	*	*	*	*	*
Virginia	30	45	18	29	9	10	8	13
Washington	14	17	3	3	10	12	7	9
West Virginia	14	24	9	19	2	2	4	4
Wisconsin	10	1	5	-	5	1	-	-
Wyoming	-	-	-	-	-	-	-	-

1/ In some jurisdictions a service was provided by more than one type of agency, in which case the jurisdiction and counties covered are counted under each type of sponsoring agency. Therefore, the sum of jurisdictions and of counties shown for each State by each type of agency exceeds the totals shown in columns 1 and 2.

* Vermont has no full-time health organizations rendering local health service.

Table 41.--Number of Jurisdictions and Counties with Hearing Corrective Service for Children Provided by Official Health Agencies, Other Official Agencies, and Voluntary Agencies

December 31, 1950

State	Total number of jurisdictions and counties with service		Number of jurisdictions and counties with service provided by each type of agency[1]					
			Official health agencies		Other official agencies		Voluntary agencies	
	Jurisdictions	Counties	Jurisdictions	Counties	Jurisdictions	Counties	Jurisdictions	Counties
Totals	566	632	236	301	250	238	225	243
Alabama	11	11	-	-	3	3	8	8
Arizona	5	5	1	1	1	1	4	4
Arkansas	-	-	-	-	-	-	-	-
California	44	36	32	30	19	13	11	7
Colorado	6	13	-	-	4	11	6	13
Connecticut	5	-	-	-	3	-	3	-
Delaware	4	3	4	3	1	-	-	-
District of Columbia	-	-	-	-	-	-	-	-
Florida	16	24	5	7	3	4	12	18
Georgia	13	22	11	19	1	3	3	5
Idaho	1	5	-	-	-	-	1	5
Illinois	17	15	6	6	11	9	3	2
Indiana	5	4	1	-	4	4	3	2
Iowa	1	1	-	-	1	1	-	-
Kansas	8	8	1	1	5	5	5	5
Kentucky	8	10	8	10	-	-	-	-
Louisiana	7	7	1	1	3	3	3	3
Maine	7	13	3	7	-	-	4	6
Maryland	21	20	18	17	4	3	4	4
Massachusetts	5	-	2	-	4	-	1	-
Michigan	37	50	20	33	13	19	12	14
Minnesota	3	6	1	-	3	6	1	-
Mississippi	24	30	24	30	-	-	-	-
Missouri	6	4	2	2	2	1	3	1
Montana	-	-	-	-	-	-	-	-
Nebraska	1	1	1	1	1	1	1	1
Nevada	-	-	-	-	-	-	-	-
New Hampshire	1	-	1	-	-	-	-	-
New Jersey	48	-	5	-	41	-	26	-
New Mexico	4	11	-	-	3	9	1	2
New York	30	54	12	31	19	32	12	19
North Carolina	45	68	32	48	11	21	8	14
North Dakota	2	10	-	-	1	4	1	6
Ohio	41	39	17	19	16	12	23	24
Oklahoma	20	30	1	2	17	24	2	4
Oregon	9	9	3	2	1	1	6	7
Pennsylvania	3	1	-	-	2	1	3	1
Rhode Island	-	-	-	-	-	-	-	-
South Carolina	6	7	-	-	4	4	2	3
South Dakota	2	2	2	2	-	-	-	-
Tennessee	22	26	1	1	19	21	6	8
Texas	29	39	-	-	9	9	24	34
Utah	3	5	-	-	1	-	2	5
Vermont*	*	*	*	*	*	*	*	*
Virginia	13	13	2	4	5	2	8	11
Washington	18	23	17	22	7	8	3	3
West Virginia	5	7	1	2	2	3	3	4
Wisconsin	10	-	1	-	6	-	7	-
Wyoming	-	-	-	-	-	-	-	-

1/ In some jurisdictions a service was provided by more than one type of agency, in which case the jurisdiction and counties covered are counted under each type of sponsoring agency. Therefore, the sum of jurisdictions and of counties shown for each State by each type of agency exceeds the totals shown in columns 1 and 2

* Vermont has no full-time health organizations rendering local health service.

Table 42.--Number of Jurisdictions and Counties with Venereal Disease Treatments by Private Physicians Provided by Official Health Agencies, Other Official Agencies, and Voluntary Agencies December 31, 1950

State	Total number of jurisdictions and counties with service		Number of jurisdictions and counties with service provided by each type of agency[1]					
			Official health agencies		Other official agencies		Voluntary agencies	
	Jurisdictions	Counties	Jurisdictions	Counties	Jurisdictions	Counties	Jurisdictions	Counties
Totals	416	554	345	464	75	96	39	40
Alabama	7	7	6	6	-	-	1	1
Arizona	5	5	5	5	-	-	-	-
Arkansas	-	-	-	-	-	-	-	-
California	34	27	31	25	6	5	3	1
Colorado	9	21	8	20	4	7	-	-
Connecticut	4	-	4	-	1	-	-	-
Delaware	4	3	4	3	-	-	-	-
District of Columbia	-	-	-	-	-	-	-	-
Florida	14	25	11	22	-	-	3	3
Georgia	16	28	16	28	-	-	-	-
Idaho	5	19	5	19	-	-	-	-
Illinois	16	22	15	22	2	1	-	-
Indiana	5	4	3	3	2	1	1	1
Iowa	1	1	1	1	1	1	-	-
Kansas	-	-	-	-	-	-	-	-
Kentucky	1	1	1	1	-	-	-	-
Louisiana	4	4	2	2	2	2	1	1
Maine	10	16	10	16	-	-	2	2
Maryland	19	19	19	19	-	-	-	-
Massachusetts	5	2	3	1	1	-	1	1
Michigan	39	56	26	28	12	23	1	5
Minnesota	2	6	1	-	2	6	1	-
Mississippi	-	-	-	-	-	-	-	-
Missouri	10	9	9	8	1	1	1	1
Montana	-	-	-	-	-	-	-	-
Nebraska	3	3	3	3	1	1	-	-
Nevada	2	2	2	2	-	-	1	1
New Hampshire	1	1	1	1	-	-	-	-
New Jersey	18	12	10	7	8	3	1	1
New Mexico	4	52	2	1	1	1	-	-
New York	30	4	26	5	7	12	1	2
North Carolina	3	-	3	4	-	-	3	3
North Dakota	3	11	1	1	-	-	-	-
Ohio	24	22	14	13	2	8	1	6
Oklahoma	4	7	3	6	2	3	2	2
Oregon	9	11	9	11	1	1	2	1
Pennsylvania	2	-	1	-	-	-	-	-
Rhode Island	3	5	3	5	-	-	-	-
South Carolina	8	10	7	9	1	1	-	-
South Dakota	2	2	2	2	-	-	-	-
Tennessee	28	27	28	27	-	-	-	-
Texas	2	29	17	22	3	3	-	-
Utah	*	3	2	3	*	*	*	*
Vermont*	34	*	*	*	-	-	-	-
Virginia	6	59	28	58	1	1	1	9
Washington	7	5	3	2	-	-	-	-
West Virginia	5	13	6	12	-	-	1	1
Wisconsin	-	-	-	1	-	-	-	-
Wyoming								

1/ In some jurisdictions a service was provided by more than one type of agency, in which case the jurisdiction and counties covered are counted under each type of sponsoring agency. Therefore, the sum of jurisdictions and of counties shown for each State by each type of agency exceeds the totals shown in columns 1 and 2.

* Vermont has no full-time health organizations rendering local health service.

Table 43.--Number of Jurisdictions and Counties with Bedside Nursing Care Provided by Official Health Agencies, Other Official Agencies, and Voluntary Agencies
December 31, 1950

State	Total number of jurisdictions and counties with service		Number of jurisdictions and counties with service provided by each type of agency[1/]					
			Official health agencies		Other official agencies		Voluntary agencies	
	Jurisdictions	Counties	Jurisdictions	Counties	Jurisdictions	Counties	Jurisdictions	Counties
Totals	408	387	183	271	33	43	270	197
Alabama	7	7	4	4	-	-	-	-
Arizona	3	3	1	1	-	-	2	2
Arkansas	-	-	-	-	-	-	-	-
California	27	27	5	5	2	2	23	22
Colorado	5	8	5	8	-	-	1	1
Connecticut	11	-	-	-	1	-	11	-
Delaware	2	1	-	-	-	-	2	1
District of Columbia	1	-	-	-	-	-	1	-
Florida	8	14	2	5	-	-	6	9
Georgia	4	3	1	1	-	-	3	2
Idaho	5	19	5	19	-	-	-	-
Illinois	21	13	9	10	2	1	14	7
Indiana	8	5	2	1	-	-	7	4
Iowa	1	1	-	-	-	-	1	1
Kansas	5	6	4	5	1	1	1	1
Kentucky	4	5	-	-	1	1	4	5
Louisiana	1	1	-	-	-	-	1	1
Maine	9	16	4	11	-	-	9	16
Maryland	16	15	14	14	-	-	2	-
Massachusetts	9	1	2	1	-	-	8	1
Michigan	30	29	14	19	3	2	19	14
Minnesota	3	6	1	6	2	6	2	-
Mississippi	1	1	-	-	-	-	1	1
Missouri	7	5	4	4	-	-	3	1
Montana	2	2	2	2	-	-	-	-
Nebraska	2	2	1	1	-	-	1	1
Nevada	-	-	-	-	-	-	-	-
New Hampshire	-	-	-	-	-	-	-	-
New Jersey	51	-	2	-	4	-	47	-
New Mexico	1	4	-	-	-	-	1	4
New York	38	62	34	61	4	10	27	50
North Carolina	9	11	6	7	-	-	4	5
North Dakota	4	18	4	18	1	4	1	4
Ohio	37	28	20	20	1	-	24	12
Oklahoma	4	5	1	1	1	3	3	2
Oregon	7	7	5	6	1	1	1	-
Pennsylvania	3	1	-	-	-	-	3	1
Rhode Island	3	5	3	5	1	2	3	3
South Carolina	5	8	2	4	-	-	4	5
South Dakota	2	2	2	2	-	-	-	-
Tennessee	3	3	1	1	-	-	3	3
Texas	5	2	2	1	1	1	3	1
Utah	7	19	6	19	-	-	2	2
Vermont*	*	*	*	*	*	*	*	*
Virginia	15	18	1	3	3	6	8	9
Washington	9	9	6	5	3	2	4	4
West Virginia	2	4	-	-	-	-	2	4
Wisconsin	11	1	4	1	-	-	9	1
Wyoming	-	-	-	-	-	-	-	-

1/ In some jurisdictions a service was provided by more than one type of agency, in which case the jurisdiction and counties covered are counted under each type of sponsoring agency. Therefore, the sum of jurisdictions and of counties shown for each State by each type of agency exceeds the totals shown in columns 1 and 2.

* Vermont has no full-time health organizations rendering local health service.

Table 44.--Number of Jurisdictions and Counties with Topical Fluoride Applications Provided by Official Health Agencies, Other Official Agencies, and Voluntary Agencies December 31, 1950

State	Total number of jurisdictions and counties with service		Number of jurisdictions and counties with service provided by each type of agency[1/]					
			Official health agencies		Other official agencies		Voluntary agencies	
	Jurisdictions	Counties	Jurisdictions	Counties	Jurisdictions	Counties	Jurisdictions	Counties
Totals	326	392	224	276	94	103	47	52
Alabama	10	10	8	8	1	1	1	1
Arizona	2	2	2	2	-	-	-	-
Arkansas	-	-	-	-	-	-	-	-
California	7	6	2	2	5	4	3	2
Colorado	4	11	2	8	2	3	-	-
Connecticut	6	-	5	-	2	-	-	-
Delaware	3	3	3	3	-	-	-	-
District of Columbia	1	-	1	-	-	-	-	-
Florida	6	7	6	7	-	-	1	1
Georgia	9	12	5	5	-	-	5	7
Idaho	-	-	-	-	-	-	-	-
Illinois	16	12	15	11	1	-	2	1
Indiana	1	-	1	-	1	-	1	-
Iowa	-	-	-	-	-	-	-	-
Kansas	2	2	2	2	-	-	-	-
Kentucky	14	18	14	18	-	-	-	-
Louisiana	6	6	3	3	1	1	2	2
Maine	5	13	1	2	1	1	4	12
Maryland	7	7	7	7	-	-	-	-
Massachusetts	7	1	7	1	-	-	1	-
Michigan	25	34	15	17	6	13	4	4
Minnesota	1	6	-	-	1	6	-	-
Mississippi	16	19	16	19	-	-	-	-
Missouri	3	1	2	1	-	-	2	-
Montana	-	-	-	-	-	-	-	-
Nebraska	2	2	2	2	2	2	-	-
Nevada	2	2	2	2	-	-	-	-
New Hampshire	1	-	1	-	-	-	-	-
New Jersey	23	-	9	-	14	-	2	-
New Mexico	-	-	-	-	-	-	-	-
New York	30	52	19	36	20	33	3	6
North Carolina	24	41	23	41	2	1	2	2
North Dakota	-	-	-	-	-	-	-	-
Ohio	9	7	2	3	4	-	3	2
Oklahoma	1	3	-	-	1	3	-	-
Oregon	3	3	2	1	-	-	1	2
Pennsylvania	2	-	-	-	1	-	2	-
Rhode Island	2	3	1	-	-	-	2	3
South Carolina	7	10	7	10	-	-	-	-
South Dakota	-	-	-	-	-	-	-	-
Tennessee	17	23	-	-	11	[illegible]	-	-
Texas	10	6	[illegible]	-	-	-	2	2
Utah	-	22	[illegible]	22	-	-	1	-
Vermont*	*	*	*	*	*	*	*	*
Virginia	[illegible]	27	13	27	-	5	-	-
Washington	-	5	2	[illegible]	-	1	1	2
West Virginia	9	15	[illegible]	13	-	3	-	-
Wisconsin	-	-	-	-	3	-	-	-
Wyoming	1	1	-	-	-	1	-	-

1/ In some jurisdictions a service was provided by more than one type of agency, in which case the jurisdiction and counties covered are counted under each type of sponsoring agency. Therefore, the sum of jurisdictions and of counties shown for each State by each type of agency exceeds the totals shown in columns 1 and 2.

* Vermont has no full-time health organizations rendering local health service.

Table 45.--Number of Jurisdictions and Counties with Diabetic Group Instruction Provided by Official Health Agencies, Other Official Agencies, and Voluntary Agencies
December 31, 1950

State	Total number of jurisdictions and counties with service		Number of jurisdictions and counties with service provided by each type of agency[1/]					
			Official health agencies		Other official agencies		Voluntary agencies	
	Jurisdictions	Counties	Jurisdictions	Counties	Jurisdictions	Counties	Jurisdictions	Counties
Totals	89	69	33	33	25	19	46	22
Alabama	2	2	-	-	-	-	2	2
Arizona	-	-	-	-	-	-	-	-
Arkansas	-	-	-	-	-	-	-	-
California	10	7	-	-	4	4	6	3
Colorado	3	5	1	1	2	4	-	-
Connecticut	2	-	-	-	-	-	2	-
Delaware	-	-	-	-	-	-	-	-
District of Columbia	-	-	-	-	-	-	-	-
Florida	9	17	6	14	1	1	2	2
Georgia	3	4	3	4	-	-	-	-
Idaho	-	-	-	-	-	-	-	-
Illinois	3	1	1	1	-	-	2	-
Indiana	1	-	1	-	1	-	-	-
Iowa	-	-	-	-	-	-	-	-
Kansas	1	1	-	-	-	-	1	1
Kentucky	2	3	-	-	1	1	1	2
Louisiana	-	-	-	-	-	-	-	-
Maine	-	-	-	-	-	-	-	-
Maryland	-	-	-	-	-	-	-	-
Massachusetts	4	-	2	-	1	-	2	-
Michigan	2	1	1	1	-	-	1	-
Minnesota	1	-	-	-	1	-	1	-
Mississippi	-	-	-	-	-	-	-	-
Missouri	2	-	-	-	1	-	2	-
Montana	1	1	-	-	-	-	1	1
Nebraska	-	-	-	-	-	-	-	-
Nevada	-	-	-	-	-	-	-	-
New Hampshire	1	-	1	-	-	-	-	-
New Jersey	4	-	2	-	-	-	3	-
New Mexico	-	-	-	-	-	-	-	-
New York	4	2	2	2	1	1	3	1
North Carolina	5	7	3	6	-	-	2	1
North Dakota	-	-	-	-	-	-	-	-
Ohio	7	2	2	-	3	1	6	2
Oklahoma	3	2	-	-	2	1	1	1
Oregon	1	1	-	-	-	-	1	1
Pennsylvania	2	1	1	1	1	-	1	-
Rhode Island	-	-	-	-	-	-	-	-
South Carolina	2	2	-	-	2	2	-	-
South Dakota	-	-	-	-	-	-	-	-
Tennessee	4	4	-	-	1	1	3	3
Texas	4	3	1	-	3	3	1	1
Utah	-	-	-	-	-	-	-	-
Vermont*	*	*	*	*	*	*	*	*
Virginia	2	1	2	1	-	-	-	-
Washington	3	2	3	2	-	-	2	1
West Virginia	-	-	-	-	-	-	-	-
Wisconsin	1	-	1	-	-	-	-	-
Wyoming	-	-	-	-	-	-	-	-

1/ In some jurisdictions a service was provided by more than one type of agency, in which case the jurisdiction and counties covered are counted under each type of sponsoring agency. Therefore, the sum of jurisdictions and of counties shown for each State by each type of agency exceeds the totals shown in columns 1 and 2.

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